

National Academy of Sciences - National Research Council
2101 Constitution Avenue, Washington 25, D.C.

October 23, 1957

Dear Doctor Rusk:

As a member of the Prosthetics Research Board of the National Academy of Sciences--National Research Council you are familiar with the tremendous progress that has been achieved since World War II in the rehabilitation of our amputees through the Board's integrated and coordinated Artificial Limb Program of research, development, application and education. Tens of thousands of amputees throughout the United States are today the beneficiaries of this national effort that has been supported by the Veterans Administration and the Department of Health, Education, and Welfare.

While on the domestic front everything is going along well, you have often pointed out that a great need exists to carry the results of this research program to the countries of the free world in many of which there is a complete lack of prosthetics services available to their amputees. In the minutes of the last meeting of PRB is to be found the following statement which was concurred in by all members:

"It was the sense of the Board that since there appears to be at present no positive program for conveying the results of research, development and application in the field of prosthetics to our friends in the Free World, we are overlooking one of the strongest tools in international relations. The Board stands ready to assist in any practicable way.@"

In furtherance of this policy, the Board this past summer cooperated with the Committee on Prostheses, Braces and Technical Aids of the International Society for the Welfare of Cripples in the conduct of the First International Prosthetics course in Copenhagen, Denmark. This course, which was attended by some 60 physicians, therapists, and prosthetists from 23 countries, clearly demonstrated a worldwide interest in improving prosthetics services. Although the cost to the Prosthetics Research Board for this very successful meeting was only about \$8,000, yet because of the restrictions that exist with respect to the expenditure of VA or HEW funds in overseas areas we experienced great difficulty in meeting this obligation. The fruits of this Program can therefore not be made available for the rehabilitation of amputees in other parts of the world until funds specifically designated for this purpose are obtained.

Although our overseas prosthetics program would be in the interest of service to the amputees, yet in performing this service the United States would receive a tremendous dividend in the field of international good will. It is doubtful that there is any other area of overseas assistance in which so much can be accomplished with relatively small expenditures.

Dr. Howard A. Rusk

- 2 -

October 23, 1957

I have discussed plans for the development of an overseas prosthetics program to be administered by PRB with the Chairman of the Board and with those individuals from the Program who participated in the International Prosthetics Course at Copenhagen. The enclosed plan summarizes our thinking on this project. There is agreement that the Academy is in a position to undertake a program of this character by reason of its experience during the past 12 years in monitoring the Artificial Limb Program. A very close working arrangement would be effected with ISWC and its Committee on Prostheses, Braces and Technical Aids. This world-wide organization would be of great assistance in this international prosthetics effort.

The enclosed plan embodies the principle of initiating the program with a pilot test in an underdeveloped country that has been carefully selected through the medium of a survey team. Actual experience would thus be available as a basis for the development of future operations in other countries. In addition to the development of prosthetics services in underdeveloped countries, the plan make provision for the furtherance of better liaison and cooperation between existing prosthetics centers throughout the world.

It is hoped that means will be found to support, on a continuing basis, an international prosthetics rehabilitation program that will make available throughout the world the results that have been achieved in this nation in the care and management of amputees.

Sincerely yours,

/s/ Harold W. Glattly, M

/t/ Harold W. Glattly, M.D.
Executive Director

Dr. Howard A. Rusk
Inst. of Phys. Med. & Rehab.
NYU-Bellevue Medical Center
400 East 34th Street
New York 16, New York

INTERNATIONAL PROSTHETICS PROJECT

The International Prosthetics Project presents a proposed plan covering a period of four years for the purpose of making available to the amputees of other nations the results of research, development, and application that have been achieved in the field of prosthetics in the United States. It is proposed that this project be administered by the Prosthetics Research Board of the National Academy of Sciences--National Research Council. Although the project is designed primarily to introduce appropriate devices and techniques for amputee care and management into countries where prosthetics services are today relatively nonexistent, provision has been made for better liaison and cooperation between existing prosthetics centers throughout the world. In implementing this program, full advantage will be taken of all possible assistance available from existing Government and voluntary organizations that have an interest in the field of rehabilitation and that are operating in overseas countries, especially the International Cooperation Administration and the International Society for the Welfare of Cripples and its national affiliates. It is assumed that varying levels of support to this project will be locally available in the several countries in which prosthetics services are established. In those instances where there is substantial financial assistance, the following estimated costs could either be reduced or the program could be correspondingly expanded.

First Year

Meeting of the ISWC Committee on Protheses, Braces and Technical Aids

It is proposed that the first step in the implementation of this overseas prosthetics project be a request to ISWC to hold a three- or four-day meeting of this Committee, augmented by certain other individuals. The entire four-year plan would be presented to this group for their comments and recommendations.

Estimated Cost - \$ 20,000

Selection of "Pilot" Country

A survey of certain underdeveloped countries would be made by a team consisting of a physician, a prosthetist, and an engineer for the purpose of selecting a country for the initial test of this program. Many criteria must be considered in making this choice. This will constitute a very important decision since the experience gained in introducing a prosthetics service into this country will be the basis for planning the future expansion of the program.

Estimated Cost - \$ 10,000

International Prosthetics Project

.2

Training Indigenous Personnel

It is proposed that two physicians, two therapists, and two prosthetists from the selected country be sent to the United States for training for periods of two months, four months, and six months, respectively.

Estimated Cost - \$ 14,000

Establishment of a Prosthetics Service

It is proposed that after the group listed above have completed their training, a United States Clinic team including an engineer visit the country to assist in establishing a prosthetics service. This will include setting up a limbshop and an amputee training facility. These should be established in or near an existing hospital in order that the necessary clinical support would be available.

Estimated cost -

U.S. Clinic Team	\$ 20,000
Limbshop Equipment and supplies	20,000

Mobile Prosthetics Shop

It is proposed that a large van be equipped as a prosthetics shop and that a team consisting of a physician and two prosthetists establish prosthetics services in other cities of the country through this means.

Estimated cost of mobile
unit, to include
equipment

\$ 25,000

Indirect Costs

\$ 16,000

TOTAL ESTIMATED COST, FIRST YEAR

\$ 125,000

Second Year

Annual Support--One Country

For planning purposes, it is assumed that the prosthetics services after establishment will require some financial assistance for some years to come. This is estimated at \$50,000 for the base operation and \$25,000 for the mobile unit.

Establishment of Prosthetics Services--Three Additional Countries

The cost of surveying a country, of training a small cadre of indigenous personnel, and of setting up a prosthetics service with the aid of a United States Clinic team and a

mobile prosthetics unit is estimated at \$85,000.

Estimated cost - three
additional countries \$255,000

International Prosthetics Program

1. Traineeships - The most serious limiting factor in the introduction of good prosthetics services throughout the world is the lack of trained personnel. It is therefore proposed that an annual sum of \$100,000 be devoted to this purpose.

2. Short-term Prosthetics Courses - As a result of the First International Prosthetics Course at Copenhagen last summer, there is an expressed desire that these courses be continued. It is proposed that an annual sum of \$50,000 be allocated for this purpose.

3. It is proposed that a sum of \$25,000 annually be made available for an "exchange" program of key personnel between major prosthetics centers in the United States and overseas.

Indirect Costs \$ 48,000

TOTAL ESTIMATED COST, SECOND YEAR \$ 553,000

Third Year

Annual Support, Four Countries -
at \$75,000 each \$300,000

Introduction of Prosthetic Services
into three additional countries at
\$85,000 per country 225,000

International Prosthetics Program
(see details under Second Year) - 175,000

Indirect Costs 70,000

TOTAL ESTIMATED COST, THIRD YEAR 800,000

Fourth Year

Annual Support, Seven Countries -
at \$75,000 each \$525,000

Introduction of Prosthetic Services
into three additional countries at
\$85,000 per country - 255,000

International Prosthetics Program 175,000

INDirect Costs 85,000

TOTAL ESTIMATED COST, FOURTH YEAR \$1,040,000

— 7 —

Reprinted from the REHABILITATION BULLETIN (No. 12)
July, 1957, published by the World Veterans Federation

THE WORLD HEALTH ORGANIZATION AND REHABILITATION

STATEMENT

Delivered by his Excellency Dr P. J. GARCIA
Secretary of Health, Republic of the Philippines
-to the Tenth World Health Assembly
Geneva, May 20, 1957

MR. CHAIRMAN,

I would like to entertain our Committee of a problem which is acquiring greater and greater importance in my country, and I know, also in a number of other countries.

My country is veering towards industrialization, which brings about large movements of population from rural areas to industrial centers; this also causes an increase in the number of industrial accidents, and an impressive rise in the number of traffic accidents. I am afraid I have no statistics on hand pertaining to their development in my country. The way to industrialization and also the way to gathering statistical data, is, however, well paved by the United States of America. I would like to recall here the findings of the Baruch Committee for Physical Medicine in 1946: During World War II military operations resulted in some 16,000 amputations in the America forces: during the same period, the hazards of daily life in the United States resulted in over 120,000 amputations—the number one cause of these being traffic accidents. My country, I must say, has not reached the level of mechanical efficiency illustrated by these figures: we are, however, progressing ineluctably in that direction.

What can we do for this increasing number of disabled in our population? What I have to say also applies to other disability groups, as will be evidenced later.

Time and again in the course of the discussions

that have taken place in our Committee, we have heard of "integration of public health services" and of the interrelationship that exists between these services on the one hand, and social and economic imperatives on the other. I think that in no field is this integration and interrelationship better illustrated than in rehabilitation. It is indeed the development of rehabilitation services which I would like to stress; and how this development affects the work of the World Health Organization.

When a patient is discharged from hospital after a successful treatment, he can be said to have recovered the highest possible degree of physical efficiency: this is all too often defined as a state of health. I shall not insist on this point.

If the care of this patient stops right there and then, he is faced with the economic necessities of life, while perhaps unable to resume his former occupation. He then is condemned to live in a state of humiliating dependence. How many TB patients have we seen leave hospital after a successful cure to go back to their family or to their community where they lead an idle life and become an economic burden, while their mental health progressively deteriorates to the point of turning them into social tyrants to their immediate environment (what the French call "sinistrose revendicative").

My first question is: do we have a right to leave these people in a state of despondence, when we know that more, much more in fact, can be done for

— 8 —

them? The answer to this question is given without the shade of a doubt in the first paragraphs of the Constitution of the WHO. It is NO, emphatically NO.

This is the point of view of the individual. There are other ways of looking at this question. Before becoming sick or injured, the patient used to earn his and his family's living. He may not be able to take up this activity, and we know that he has to be prepared psychologically and also vocationally, to resume a remunerative activity. Here, the medical officer and his staff have the responsibility of his orientation. When this is not done, the "cured patient", admittedly disabled, all too often sinks into the state of despondence already mentioned. His community is deprived of his strength, and is burdened by one more passive member on its payroll, as it were.

I have envisaged so far, only the most optimistic outcome of rehabilitation, which makes the patient a productive member of his community. This is not always the case. The best rehabilitation techniques will often have a more restricted result, leaving the disabled economically dependent on others, but making him independent in the requirements of his individual daily life. We cannot overemphasize the significance of this result, for the individual and for the community as well. In the absence of rehabilitation services, many disabled—be they the victims of TB, polio, spinal injuries, degenerative diseases like multiple sclerosis, etc. not only are dependent upon their family or their immediate social environment, but they require as many as three persons for their own personal daily needs. Adequate rehabilitation results in giving these patients a new outlook on life, which is already sufficient "raison d'être" for rehabilitation. Moreover, these attendants who would be occupied, are free to practice some wage earning activity which will, on one hand provide for a better standard of living for their disabled associate and for themselves, and on the other, bring them to participate in constructive activities, thereby contributing to improve the standards of living of all the other members of their community. I would say that *the lack of proper rehabilitation facilities results in paralyzing a number of non disabled people*, thereby depleting the available manpower and keeping down the standards of living in the community.

We have in my country, given very serious thought to these considerations and are making great efforts to establish proper rehabilitation services; we have found that these services must be supervised and

coordinated by our medical officers and that they must come under the jurisdiction and administration of the Ministry of Health. The standard of the medical care granted to the disabled conditions all the consecutive steps of the rehabilitation process; furthermore, the medical officer has to be constantly consulted by the other members of the rehabilitation team.

When we started to establish rehabilitation services, we were faced with the problem of devising a general project and of training personnel. In this field as in others, we needed the advice and technical assistance of other countries and of international organizations. I am pleased to state that the Medical officer appointed by the United Nations was the most competent man one could wish to have advise a country on rehabilitation matters. He was Dr. Henry H. Kessler of the United States. We were also privileged in having the visit of Dr. Howard A. Rusk, also of the United States, who came as an observer, sponsored jointly by the United Nations and a non-governmental organization. I would in fact like to pay tribute to the genuine and inspiring devotion these two men showed during their visit to my country. The recommendations which they presented as a conclusion of their study will no doubt provide for a fundamental change in the life of many disabled.

I can understand why the WHO has not so far, taken a more active interest in the field of rehabilitation. When it was first created ten years ago, our Organization was faced with public health problems involving large numbers of persons; such as the contagious diseases to which the WHO has devoted, with great success I am pleased to say, its most constant efforts. There is still a long way to go in this direction, and we have discussed here projects involving several regions in the fight against tuberculosis, malaria, yaws, etc. The study of malnutrition conditions was then added to that of contagious diseases, and they are now the subject of intensive campaigns under the leadership of the WHO.

In a broad sense, the rehabilitation of those medically cured, is, as I have tried to show, a challenge which falls within the field of competence of the WHO.

It is a fact that the rehabilitation of our tens of thousands disabled, is an imperious need.

It is a fact that my country, and many others want to establish rehabilitation services.

It is a fact that the leadership in the development of rehabilitation services must be assumed by the WHO.

International Society for the Welfare of Cripples

~~127 EAST 52nd STREET, NEW YORK 22, N.Y., U.S.A.~~

~~Telephone: PLaza 3-6671~~

COPY

701 FIRST AVENUE (at 40th Street) • NEW YORK 17, N. Y., U.S.A.

Telephone: MUrray Hill 4-1069

BC: Dr. Howard A. Rusk
Col. Howard W. Glattly

October 11, 1957

General F. S. Strong, Jr.
Chairman, Prosthetics Research Board
National Research Council
2101 Constitution Avenue, N. W.
Washington, D. C.

Dear General Strong:

On behalf of the International Society for the Welfare of Cripples I wish to thank you most sincerely, for the support given by the National Prosthetics Research Board to the World Congress on Rehabilitation held by this Society last July. The Exhibition provided by the Board for the Congress was very well received and proved to be very interesting and helpful to many of the thousands who visited this Exhibition.

I am certain that by this time you have received many reports concerning our International Prosthetics Course which was held in Copenhagen, Denmark from August 1st to 10th. The instructors provided for this course and the other help from the Prosthetics Research Board was the primary factor in making it an outstanding success.

During the months of August and September, it was possible for me to visit a number of our affiliated organizations in such countries as: Greece, Lebanon, Pakistan, India, Thailand, Indonesia and the Philippines. In all of these places I found that some progress had been made in starting services for the physically handicapped, but the development of prosthetics services was one of the most difficult problems being encountered. In all of these countries individuals responsible for prosthetics services are eager to secure additional information concerning similar programs in the United States and I am more convinced than ever, that the United States has a real opportunity, as well as a responsibility to be of help in this area. I trust that through the exchange of literature, translations and films, further prosthetics courses and other world meetings, we will be able to find ways to help these people develop their programs. I look forward to the opportunity of working with you and your colleagues in the future.

Sincerely yours,

MEDEC-APRL

4 September 1957

SUBJECT: TDY London, England
International Congress for the Welfare of Cripples

Copenhagen, Denmark
First International Course in Prosthetics

Heidelberg, Germany
Exchange of information with University of Heidelberg

TO: General F.S. Strong, Jr.
Chairman, Prosthetics Research Board
National Research Council
2101 Constitution Avenue, N.W.
Washington, D.C.

1. Objectives

a. To conduct a survey to ascertain whether or not there was sufficient interest in prosthetics among the professional people and high-level political leaders to warrant an "all out" follow-up with future international prosthetics teachings.

b. To instruct and disseminate information at the Prosthetics School in Copenhagen.

c. To enlist engineering aid and cooperation from the University of Heidelberg, particularly in exploring the possibilities of the practical application of pneumatic prostheses.

2. Findings

a. That there is a general feeling of intense interest among high political leaders and professional people in all countries, as evidenced by visits from Prince Philip and other leaders in England, the political leaders in Denmark and Germany, the gratifying response to our prosthetics school, and the many sincere compliments on the progress in the United States in the field of prosthetics research.

Practically every country in the world was represented at the International Congress in London, on a voluntary basis, including Russia, and certainly much progress was made at the Congress in dispelling suspicions and fostering a spirit of international cooperation.

b. In regard to the First International Prosthetics Course held in Copenhagen, 23 countries besides the United States of America responded by sending students. Six of the 10 instructors for the course were

MEDEC-APRL
SUBJECT: TDY

4 September 1957

provided by the United States. The students, over 70 in number, were about evenly divided between surgeons, therapists, and limb fitters, and the course was a very concentrated one. The response of the students was enthusiastic and all expressed the opinion that it was the best course ever offered them, and that they desired a post-graduate course of longer duration in the very near future. The students were unanimous in the opinion that such schools are an immediate necessity for every country. (A list of countries sending students is attached).

c. At Heidelberg, Germany a conference was held at the University at which it was agreed that Doctor Marquardt (Orthopedic Surgeon) and Mr. O. Haefner (Engineer) would come to the United States under sponsorship of the National Research Council, Prosthetics Research Board, for six months, starting in January 1958, to continue development of the pneumatic arm in cooperation with our national program.

Remarks

The United States of America definitely leads the world in prosthetics research, and all countries are looking toward us for information and guidance.

Our national program was publicly thanked for its contribution upon which a complete revision of policy and technique was instigated in Germany and Denmark. These two countries have followed our techniques in surgery, prosthetics, and training, and are obviously grateful for the help they have received from the U. S. A.

It is sincerely believed by the writer that great strides in international cooperation and good-will can be achieved in this field with a very small outlay of money, and that this type of program could lead to a deep penetration of the "Iron Curtain". This opinion is concurred in by not only the staff of instructors but also by the students attending the course, including those from Poland and Yugoslavia.

We know that we have, through the Congress and the school, made definite progress in the countries listed, and perhaps in others. The decision sparked by Prince Philip's visit, to send students to the school has, at long last, pierced the barrier existing in England because of the socialized and limited limb-fitting facilities with their resultant inferior prostheses.

It is the writer's opinion that the so-called "Iron Curtain" will have to be penetrated on a professional level rather than on a political level. In this respect there doesn't seem to be any surer way of making this penetration than that which is available to us in the prosthetics field.

MEDEC-APRL
SUBJECT: TDY

4 September 1957

Remarks, Cont.

It is believed that the contacts made on this trip and the general dispersion of information through this trip should be vigorously followed up with possibly a post-graduate school or seminar in 1958 and 1959, leading toward an "all out" attack on the problem at the next International Congress to be held in New York in 1960.

A survey team composed of not less than two, preferably three, and in no case greater than four men, should be sent at the request of the appropriate government into climates with specific problems to determine the amount and type of development needed in specific areas. Specifically, this team should be sent to either India, Japan, or the Philippines. This team should include a doctor and an engineer who can analyze local material possibilities for limb fabrication, to be followed in a year or two by a limb-fitting and prescription team.

It is strongly recommended that further programs of teaching, such as the Copenhagen School, be considered and set up at once as one of the better ways of sponsoring international good-will and friendliness.

The writer will be available to fill in any further details desired.

1 Encl.
a/s

MAURICE J. FLETCHER
Colonel, MSC
Director

Attn to MEDEC-APRL
SUBJECT: TDY

4 September 1957

COUNTRIES WHICH SENT INSTRUCTORS AND STUDENTS TO THE
INTERNATIONAL PROSTHETICS COURSE IN COPENHAGEN,
August 1-10, 1957

Argentina	Great Britian	Norway
Australia	Holland	Philippines
Belgium	India	Poland
Denmark	Iraq	Sweden
Finland	Iran	Switzerland
France	Israel	South Africa
Germany	Japan	U. S. A.
China	Korea	Yugoslavia
	Nigeria	

هيئة الكنائس العالمية - مجلس المرسليات المشتركة بمصر لأسعاف اللاجئين العرب
CHURCH WORLD SERVICE - Egypt Inter-Mission Council Committee
for Refugee Problems

13, Sh. Seif El Dine El Mahrani
Flat 2, Faggala - Cairo
Tel. 59973

١٣ شارع سيف الدين المهراني
شقة رقم ٢ الفجالة بالقاهرة
تليفون ٥٩٩٧٣

The following are abstracts from a letter received by Howard A. Rusk, M.D., from a friend of his sons who is now on the staff of the Church World Service Egypt Inter-Mission Council Committee for Refugee Problems.

".....the area that is really in a bad way is the Gaza strip the people who have been there were appalled at the conditions and the one thing that struck all of them is the abundance of people there with limbs missing. UNRWA has a program of medical aid for the Palestinian refugees in Gaza (about 200,000 out of the total population of 250,000) but with their limited resources they can't do much in the way of providing artificial limbs. They have approached the National Catholic Welfare Conference about providing the artificial limbs and NCWC seems interested. What concerns me is that the negotiations are going interminably slowly and both are feeling their way, largely because neither side knows much about the medical aspects of the problem; besides this, they seem to show no appreciation for what I think is the case, namely, that giving a person an arm, if you fit it, for me is only the first step in rehabilitating him for normal life; you have to teach him to use it. I don't think there's anyone trained to do this around here, much less an appreciation of the need for it "

" It's an exciting place to work, so much at the center of world affairs, and so controversial. Although I read volumes of anti-American propoganda, it seems that it doesn't sink in too much, since the people are friendly, even when they know I'm an American "

FORMAL STATEMENT OF DR. HOWARD A RUSK
BEFORE THE SENATE FOREIGN RELATIONS COMMITTEE

MAY 18, 1956

My name is Howard A. Rusk. I am a physician and Chairman, Department of Physical Medicine and Rehabilitation at New York University-Bellevue Medical Center; Director, Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center; Associate Editor, THE NEW YORK TIMES; Consultant in Rehabilitation to the United Nations, and President of the International Society for the Welfare of Cripples. I am appearing before you today as a private citizen whose primary interest is the rehabilitation of the disabled.

It is my belief that rehabilitation of disabled children and adults is one of the sharpest tools and most effective instruments which we in the United States have for making friends -- a tool which can penetrate any iron or bamboo curtain to reach the minds and the hearts of men. It is natural for all of us to take improved agriculture, industry and utilities for granted but men often regard these developments as somewhat remote from their immediate problems. Rehabilitation, however, makes a personal and significant impact not only upon the disabled person himself and his family but on those with whom he comes in contact. This as well as all international activities in the field of health are one aspect of our foreign assistance program which meets all yardsticks of economic soundness, simple humanitarianism and political expediency.

In his report to the Congress on our mutual security program covering July-December, 1955, John Hollister, Director of the International Cooperation Administration, wrote: "The people of the United States recognize the value -- economic, social and moral -- of health and the fact that health is a common need. We are also coming to recognize the vital relationship of health programs to any hopes we may have of helping to create conditions of economic progress, political stability and democratic social development in the many areas of the world outside the United States, where our future national security is deeply involved".

Mr. Hollister then cited estimates from competent authorities that until recently the economic loss from malaria alone in India was \$224,000,000 a year, from bilharziasis in Egypt \$57,000,000 a year, from malaria and tuberculosis in the Philippines \$660,000,000 a year. Also, that we in the United States pay a hidden 5 per cent additional cost for our imports from malarious countries because of

disease-affection production.

It is, therefore, surprising that our contributions to bilateral health programs was reduced from \$43,000,000 in the 1955 fiscal year to \$33,767,000 in fiscal year 1956, and that of this amount less than \$50,000 was spent on all types of rehabilitation services throughout the world.

From the economic aspects alone, it would seem logical that our investment in international health would be increased rather than decreased. Over and beyond the economic implications, there are great social, moral and political values in our support of international health activities.

These values are well illustrated by international activities in the field of rehabilitation. In this country and in the other developed parts of the world we have seen a remarkable growth of interest in rehabilitation in the last decade. This interest has not been prompted by humanitarian motives alone. It has resulted from the growing incidence of physical disability resulting from prolongation of the life span, increased public assistance costs because of disability, and our need for manpower in our expanding economy.

But what lies behind the interest of Indonesia, Korea, the Philippines, Mexico, India, Burma and Thailand in the provision of rehabilitation services for their handicapped? It is not the need for manpower, for these nations have far more manpower than they can profitably utilize in their present stage of industrial development. It is not to reduce public assistance costs, for few of these nations have any social schemes whereby the disabled become a responsibility of the state. It is not to reduce demands for medical, hospitalization and social services, for the chronically ill and disabled in most of these nations are wards of their families rather than of the state.

The real reason is that many of these nations, particularly those of the Africa-Asia area, have, after years of colonization, recently achieved the long-sought dream of political independence. Now they are desperately looking for ways of proving to the world, and more importantly to themselves, that they have the political and social maturity to justify their political independence.

Long before the Government became concerned with international health projects, the Rockefeller Foundation, W. B. Kellogg Foundation, China Medical Board and other private groups had years of experience in the administration of such programs. As a result, we have more know-how in the conduct of international health projects than in some other forms of technical assistance and are able to administer such projects more effectively.

Health projects are welcomed by the nations in which they are undertaken, for such projects are initiated only at the request of host countries. They are cooperative projects involving both joint planning and administration.

Host countries furnish a part, frequently the major part, of the funds for such projects. The \$6,000,000 contributed in 1955 to joint health projects in Latin America by the United States was expanded by \$19,000,000.

Since our Federal technical cooperation health programs, known popularly as "Point Four" projects, began more than thirteen years ago, they have cost our citizens less than a penny a month a person.

It is reported that last year Russia graduated 27,000 physicians from their medical schools and 20,000 the previous year. At the present time we are graduating slightly more than 7,000 in the United States per year. It is granted that the level of education of these physicians is far below that of our physicians but even so the health services they are providing to the country are so superior to those ever before available to the people to them, it is considered a miracle.

It has also been reported that at the present time there are more doctors than can be readily absorbed in the health services of Russia and the physicians are being used for the kind of job that we would ordinarily assign to nurses and technicians. If the production continues and the excess increases it is rather obvious what the physicians will do. They will carry the skills they have learned along with the concepts of communism to the backward parts of the world. We must meet this challenge and we can for our physicians are better trained. By using total professional personnel, therapists, sanitary engineers, public health administrators and educators we can do a better job. But time is running out.

Here is one example of what could be done. The Veterans Administration has, since 1946, conducted an extensive artificial-limb research program which is carried out by non-profit contracts with universities. The Army and Navy cooperate by supporting Prosthetic Research Laboratories within their Medical Services. Work in the universities and Armed Services has been coordinated by the Prosthetics Research Board (formerly the Advisory Committee on Artificial Limbs) of the National Academy of Sciences - - National Research Council under a contract between the Veterans Administration and the Academy.

The need for a research program in artificial limbs became apparent early in 1945 when, at the request of the Surgeon General of the Army, the National Research Council brought together a group of scientists, engineers, surgeons and prosthetists for the purpose of establishing standards for procurement of prostheses. At this meeting it was soon learned that the development of artificial limbs had proceeded through the years without the benefit of a scientific approach, whereupon it was recommended that the Government support a research program in this field.

As the result of this program our own disabled veterans have prosthetic devices far superior to those found anywhere else in the world.

Just as we are interested in sharing the technical advances in nuclear energy for peaceful purposes with the rest of the world, we could make a significant contribution to the effective understanding of American ideals of democracy and the value we place on human worth and dignity, if through an appropriation of one or two million dollars a year we could share our advances in artificial limbs with the world. Through demonstration centers, consultations, mobile clinics and the training of foreign personnel in the United States, a magnificent program could be established. With the sum of \$1,000,000 a year for two years both the administrative and professional overhead cost of such a project could be met; highly qualified American consultants could visit all parts of the world and survey what is available and what is needed; four completely equipped mobile prosthetic shops, each staffed by a qualified American prosthetic technician and physical therapist, could be sent to Southeast Asia, the Near East, North Africa and South America to spend four to eight weeks in a given community rendering direct patient services in fitting prosthetics and

training wearers in their use; permanent demonstration prosthetic shops and training centers could be established in key parts of the world; and the components to provide modern artificial limbs could be made available to over 40,000 amputees; over 100 trainees could be brought to the United States for training in prosthetics; and all of the available technical literature and visual aids in prosthetics here in the United States could be translated and published in various languages for international distribution.

These prosthetic trainees would then join the 400 health workers receiving advanced training in the United States under the auspices of the International Cooperation Administration. They and hundreds of other trained under the auspices of private foundations, their own Governments and their own resources, are permanent ambassadors of our democratic ideals. Such persons make particularly effective proponents for democracy because as professional people they work intimately with their handicapped patients and have their confidence and trust.

Somewhere within the spectrum ranging from direct relief to long-range economic projects, there is a need for significant, tangible short-range projects that can be seen and easily understood. The Russians produced such a project when they paved the main street of Kabul in Afghanistan. Our foreign aid projects there have been of economic importance, but their impact on the daily lives of the people will not be felt for many years. In contrast, several times each day the residents of Kabul have reason to be grateful to Russia.

This is the kind of an imaginative, constructive project which can be easily seen and understood. There are many hundreds and thousands of disabled persons throughout the world each of whom could also become a living, dynamic example of American democracy. To illustrate their potential contributions, I should like to tell you the story of a little Bolivian boy, age 10. He was born without arms and legs with four little, sensitive fingers coming out of each shoulder and two normal feet coming from the hip joint but with no bony connection. When he was a year old, he was abandoned by his father, who then deserted the family and has not been heard of since. The boy spent the next eight years of his life in an American mission in La Paz, where he had love and kindness but could not walk. To get from one place to another, he rolled like a little ball. He was seen there by a young physician from the United States who called me and said he had met this little boy, who was exceedingly bright and who,

if he had a chance, he felt, could be a great force in the world. Pictures and case reports were sent and by coincidence seen by the secretary of one of our distinguished citizens. She made possible his trip to the United States.

Two weeks before he arrived, I had the Vice-President of Bolivia and the Bolivian Ambassador to the United Nations for luncheon. They knew all about Juanito and were excited about his coming. In the middle of the meal, I said to them, "You know, if we bring Juan here it is going to cost you a very large fee".

In consternation, they said, "How much"? I said, "The fee is this. First, that when he returns, you must promise him the best education your country affords, and second, if we can demonstrate in the most severely disabled child you will ever see what can be done, you will establish a national rehabilitation program in Bolivia".

Without hesitation, the Vice-President said, "You take the boy; we pay the fee".

When he arrived, he spoke no English. Within a month, he had a vocabulary of more than 300 words. Special prostheses were designed and he now is walking. He has "grown" more than twice his height. He is doing well in school and one day soon will be ready to go back and take his place in his own country.

Several months after he was in the United States, the story was published in a national magazine. A few weeks later, a letter came to the editors which read as follows:

"Congratulations on a brilliant piece of reporting. Am referring to your (February 21) on Juanito Yopez, the congenital quadruple amputee from Bolivia. For those of us who are in and out of Central and South America we found your article on Juanito gained us more friends (and respect) than all the millions our government is pouring into these countries. We noted no sudden pro U.S.A. feeling in Brazil as a result of the \$75 million donation (given Brazil by the United States), but we were pleasantly surprised with the many compliments for what the U.S.A. is doing for Juanito. I do not know what your circulation is in Latin America but can tell you the peons in the backwoods knew all about Juanito within 24 hours after the issue

was on the streets".

E. E. Butler
Master

S/T Adrias
Tampico, Mexico

What we need in the United States are friends like Juanito Yepez all over the world, with the recognition that in the United States we believe in the dignity of the individual and because of that belief want to share the things that we have learned in our country. We are not doing this to make friends - - we are doing this to give service. If the service and the spirit are there, then we can't help but have their friendship.

I The Problem

Rehabilitation of the physically handicapped in the United States has proved to be both an economically and socially sound investment. Last year 56,000 disabled Americans rehabilitated into employment paid \$8,400,000 in Federal income taxes alone the first year after their rehabilitation. Their earnings contributed \$102,300,000 to the economic wealth of the nation. Prior to rehabilitation the large majority had been recipients of public assistance.

Outside the United States, the Soviet Union and Communist China have at least 65 million physically handicapped people. More than 25 million could be treated and retrained to become self-supporting contributing members of their communities. About 40 million, mostly children and old people, could become self-dependent in their daily lives. Minimum estimates of need by regions: South America, 5,667,000 people; North America (outside the U.S.) 1,897,000; Europe (outside U.S.S.R.) 12,093,000; Africa, 6,250,000; Oceania, 417,000; Asia (outside China and U.S.S.R.) 27,177,900.

Only advanced nations have skills and facilities to demonstrate how these people could be restored. The United States is the greatest source of this knowledge. We have established treatment and training centers, and have invested substantial sums to develop methods and equipment for our own needs. But we have scarcely begun to apply these resources for our country's standing in the world scene.

The \$55 billions spent on foreign aid since 1945 have largely gone for military and economic assistance. While such assistance has been of great value to the governments aided, this massive aid has had little known impact upon the personal lives and thinking of the people. Through comparatively small investment, restored children and adults can be vivid proofs of the United States' belief in the worth of the individual person.

Russia has shifted emphasis in foreign affairs to technical assistance and international exchange of persons. She is training many foreign students, is graduating 4 times as many personnel in health fields as the United States, and is offering experts and technicians for export.

Demand for rehabilitation services exists overseas. It is perhaps strongest in countries where new governments hope to meet social needs far beyond resources of trained personnel. We can never undertake to meet the vast human requirements of underdeveloped nations, but can teach the teachers and leaders for relatively little money, spurred by private initiative. If Americans do not meet requests for help, the Soviet government will.

II The Opportunity

We have a head start because of rehabilitation developments during and since World War II, through modest beginnings of foreign student training in the

last few years, and because of contacts made by American consultants in countries seeking to establish their own programs. Disabilities now responding dramatically to specialized physical medicine include amputations, spinal paralysis, arrested tuberculosis, stroke, cardiac attack, polio, cerebral palsy, neurological disease, post-surgical handicaps and inherited defects. While skills and resources for treatment are primarily concentrated in the United States, the United Kingdom and Scandinavia, these physical problems occur in most of the world's families.

Effective rehabilitation proceeds from diagnosis through treatment to employment and adjustment to conditions at home and on the job. It demands teamwork of physicians who arrest disease and correct defects through surgery, drugs and restorative therapy; therapists who train patients to use muscles, nerves and will; technicians who make and fit limbs, braces and an array of other devices; social workers who ascertain desires, problems, aptitudes and goals; personnel workers who arrange for work training and job placement.

Teams of specialists have been trained in the United States for programs now rendering services in Japan, Greece, Yugoslavia, Israel, the Philippines and Korea. New centers at various stages of development have begun work in Mexico, Venezuela, Colombia, Guatemala, Egypt, Turkey, India, Indonesia and Thailand. Scattered beginnings in Brazil, Argentina, Pakistan, Chile, Ceylon and Viet Nam have asked for help. Many countries, like Burma which now has a team for training here, have not a single physician trained in rehabilitation nor one trained therapist, limb fitter or bracemaker. In advanced countries there are phases of modern treatment where resources are signally absent, offering large dividends in good will through consultation and training.

III The World Rehabilitation Fund

Before World War II the only organized international activities in rehabilitation were conducted by the International Society for the Welfare of Cripples. This voluntary federation of national groups held periodic congresses attended by delegates from 12 to 15 nations. Since the War, the Society launched a modest but highly successful program of information and consultant services.

With the belief that restoration of disabled children and adults offers an unique tool for strengthening American aims in the world today, a number of leaders in United States public and economic life have established the World Rehabilitation Fund. Honorary Chairmen are Herbert Hoover, Harry S. Truman, Bernard M. Baruch and Albert Schweitzer. Directors include Donaldson Brown, Arde Bulova, Ralph K. Davies, William J. Donovan, J. W. McAfee, Edgar M. Queeny, Howard A. Rusk, Walter Bedell Smith and Arthur K. Watson. Counsel is Donovan, Leisure Newton & Irvine. Price Waterhouse & Co. is auditor. J. P. Morgan & Co. are fiscal agents.

Although the Fund is a voluntary effort, its objectives and formation have been discussed with and approved in principle by leaders in the Federal Administration including President Eisenhower, Allen Dulles, Harold Stassen, Nelson Rockefeller and Sherman Adams. It has been conceived as wholly opposite from a "give-away" program. The Fund provides professional and technical assistance based on enlightened American self-interest, giving priority attention to countries where public recognition of the United States' desire for mutual understanding is most needed.

A sound foundation toward these objectives, enabling countries to initiate national rehabilitation services on a boot-strap basis, could be achieved with average expenditure of \$1,000,000 per year for a minimum period of five years. This would permit allocation of \$3,374,500 for training of physicians, therapists and other specialized personnel from other countries; \$650,000 to furnish consultation to programs at centers abroad; \$217,000 for translation of texts, films, monographs and other instructional materials; \$550,000 for research support, pilot equipment, tools and initial materials, and an average annual expense of \$15,000 for administration of the program.

IV Policies

Grants will be made for five kinds of work:

1. Consultation by technical experts and task groups of specialists, to improve current programs and to develop new services;
2. Specialized training: (a) fellowships to candidates who give promise of becoming teachers and leaders in their homelands; (b) strengthening United States programs for training foreign students; (c) making existing fellowships more widely known where needs are greatest; (d) aid to indigenous teaching programs through exchange of personnel;
3. Information support through use of more films, translations, teaching aids, public education measures, exchange of data on equipment, materials and methods and establishment and expansion of reference centers which will be kept up-to-date;
4. Regional conferences whereby physicians, administrators, technical personnel and citizens can share experience in solving common problems, see demonstrations and attend clinics of techniques perfected in other parts of the world;
5. Research directed toward development of new techniques and better use of current rehabilitation knowledge.

Projects will be selected and supported according to three criteria:

1. Ability to make a significant contribution to development of rehabilitation for the disabled within the nation and region;
2. Interest of governmental and private parties of the area, and their willingness to assume increasing degrees of responsibility for projected services until financial and program responsibilities are entirely carried by local resources;
3. Significance of the project and its location for contributing to American foreign policy objectives.

V. Operations

The program of the World Rehabilitation Fund will have two aspects administratively. The fellowship activities will be administered directly by the Fund's staff. In its support of non-fellowship projects, the Fund will make grants to operating agencies with staff, experience and skills to administer such projects effectively. Projects will be selected by the Executive Committee of its Board.

The Fund's staff consists of a part-time Executive Director and secretarial support. Overhead, including administrative and professional direction of the program is less than \$15,000 per year. The Fund received its charter as a non-profit tax-exempt membership corporation from the State of New York on November 21, 1955. Actual operation of the Fund's program began around July 1, 1956. During its first full fiscal year ending June 30, 1957 the Fund had received contributions of approximately \$150,000.

Nominations for fellowships for advanced study in the United States will be primarily made by universities, medical faculties and/or by national voluntary organizations concerned with rehabilitation of the handicapped in the applicants' home countries. Evaluation of qualifications and promise of future contribution after training will be made by the nominating groups, United States missions, foundations and voluntary agencies conducting related programs. Final selections will be made by a committee of the Fund, in consultation with appropriate agencies and the training institution where the individual fellow will be assigned for the major share of advanced instruction.

Fellowships awarded by the Fund will include a stipend to the training institution to meet costs. Where a substantial number of trainees are assigned to particular centers, administrative grants will be considered for extension and support purposes.

Present anticipations are to make Fund allocations for fellowships, consultation, information support, regional exchange, research and other goals with an approximate ratio of geographic emphasis as follows: South and Central America, \$1,500,000; South and South East Asia, \$2,100,000, Europe, \$325,000; Middle East and Africa, \$1,075,000.

VI Request

It is the intention of the World Rehabilitation Fund to seek financial contributions from American corporations particularly those which have operations outside of the United States. The Fund's directors and staff will work closely with contributing corporations in development of projects in regions and countries where such corporations' operations, markets and raw materials are located. Recognition of their support for these projects will be given in the countries concerned in accord with policies and plans agreed upon by the Fund and representatives of contributing corporations.

VII Perspective

It is believed that the effect of this grant will be to make self-assistance possible for an increasing number of disabled individuals in the countries concerned. The immediate result will be specific and visible in human terms, with a longer-range benefit to the restored persons' families and communities.

Further less tangible benefits can be expected. Irrespective of national barriers, racial differences, language, beliefs and culture, physical disabilities unite all mankind. As a privately supported program which supplements governmental economic assistance, the Fund's work stresses the great value placed by Americans on the value of the individual. Aside from advancing independent self-assistance in less developed regions, this work can make America's technical contributions to the welfare of all peoples better understood.

Through its project, the Fund will contribute toward reducing international tensions. Its work expresses America's confident belief that man's mission on earth is to heal and not to hurt, to build and not to destroy.

EXHIBITS

MEDICAL

The following is an excerpt from the 1956-1957 Annual Report of the Department of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, describing graduate training programs for physicians and other rehabilitation workers of the type in which foreign personnel given fellowships by the World Rehabilitation Fund would participate at New York University and other rehabilitation training centers in the United States.

INTERNATIONAL PROGRAM

A significant increase in the scope of the International Training Program was noted during 1956-57.

As in previous years the program was a broad one, involving both medical and co-professional personnel and encompassing both professional training, and familiarizing with the customs of American democracy. Personal counseling and services were included in the program this year.

Physicians

Thirty-three foreign physicians participated in the long-term training program described under Graduate Training Activities. Their national distribution is listed in the following table:

Distribution of Foreign Physicians in 1956-1957 Graduate Training Program by Country of Origin

Argentina	2
Australia	1
Bolivia	1
Burma	1
Chile	1
Colombia	3
Egypt	1
Finland	1
Germany	1
Greece	1
Guatemala	2
Haiti	1
India	1
Iraq	1
Ireland	2
Japan	1
Korea	3
Philippines	3
Portugal	1
Spain	2
Thailand	1
Turkey	2
	<u>33</u>

By and large foreign students were supported by grants, fellowships and training stipends, awarded by the Department of Physical Medicine and Rehabilitation and such agencies as the United Nations, the International Cooperation Administration of the United States Department of State, the World Health Organization, and private foundations such as the Rockefeller Foundation, American Korean Foundation, etc.

Close cooperation in the broad aspects and implications of the International Training Program was maintained with the International Society for the Welfare of Cripples, the American Korean Foundation and the United Nations, and was begun with the newly organized World Rehabilitation Fund.

A system of regional representatives associated with the Department has been initiated and is proving to be of great value in screening applicants for foreign traineeships in their country of origin. Further development of this system is most desirable.

Medical Observers

Twenty foreign physicians visited the Department for periods of observation of several days to one or two months. As a rule such observers were specialists, or physicians in public service and teaching positions who wished to observe and study areas of special interest to them.

The following table lists medical observers according to country of origin:

Distribution of Medical Observers 1956-1957 by Country of Origin

Argentina	1
Belgium	1
Brazil	2
Denmark	1
Guatemala	1
Korea	1
Mexico	10
New Zealand	1
Pakistan	1
Puerto Rico	1
	<u>20</u>

Co-Professional Personnel

Twenty-two foreign co-professional workers served traineeships of from one to twelve months in the various departments (see co-professional training)

Distribution of Foreign Co-Professional Trainees by Speciality

Physical Therapists	9
Occupational Therapists	3
Nurses	4
Social Workers	2
Prosthetists	3
Physical Educator	<u>1</u>
	22

Distribution of Foreign Co-Professional Trainees by Country of Origin

Australia	1
Bolivia	1
Burma	4
Colombia	3
Finland	1
Germany	1
Guatemala	1
Haiti	1
Holland	1
Hungary	3
Israel	3
Jamaica	1
Korea	2
Sweden	<u>1</u>
	22

In addition to the trainees noted above eight foreign students took the course in "Physical Rehabilitation Methods for Physical Therapists" they represented the British West Indies, Australia, Canada, England and Israel.

National Teams

The great advantage of team training may be the rapid establishment of a teaching center to train personnel in the country of origin of the team, making for continued expansion of services.

Two Rehabilitation Teams were in training in 1956-57. A complete group of rehabilitation personnel from Colombia, South America, consisting of physicians, an occupational therapist, a physical therapist and a psycho-social specialist is about to complete a training program and return as a coordinated unit. Personnel other than the physicians were sponsored by the International Cooperation Administration; the physicians are in the Colombian Military Service.

A team of five rehabilitation trainees from Burma, representing all disciplines, began training in September 1956 under a grant of the Rockefeller Foundation. Together with the Thailand Team, three complete units will have been trained and return to their countries of origin ready to function in the area of patient service and teaching. The training of coordinated rehabilitation teams as units warrants further exploration and seems to be a most feasible and economic method of establishing a rehabilitation program in countries presently without any significant rehabilitation services.

Non-Professional Activities

During 1956-57 an administrator for non-professional activities was added to the staff of the International Training Program. An expert in international education, the administrator has acted as a personal counselor to the foreign students and has made arrangements for their attendance at many cultural and educational events. A series of seminars in Cross-Cultural Problems was conducted by the administrator in the Spring of 1957.

An active program of social and cultural affairs was carried out during the year. Trainees attended the Berkshire Music Festival, visited Washington, D. C. and Boston and participated in the Forum on "Dynamics of Democracy" in Atlantic City, New Jersey. Visits were made by individuals or small groups to typical American homes in Baldwin, New York, and Boonton, New Jersey.

Several parties were held which gave foreign and American personnel the opportunity to get to know and understand each other better. Students from Latin America and from the Far East acted as hosts for two of these, arranging for the menu and the entertainment.

The purpose of the non-professional program is to stimulate greater understanding of American customs and traditions by the foreign students and to encourage a continuing sympathetic relationship after the termination of the training program.

A system of English language evaluation and teaching has been worked out with the Foreign Student Center of New York University and has been extremely valuable in increasing English language competency when necessary.

FISCAL

	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>	<u>Totals</u>
Fellowships						
Latin America	\$100,000	\$150,000	\$ 200,000	\$ 250,000	\$ 300,000	\$1,000,000
South East Asia	150,000	200,000	300,000	320,000	350,000	1,320,000
Europe	25,000	40,000	50,000	60,000	60,000	235,000
Middle East & Africa	<u>100,000</u>	<u>149,500</u>	<u>150,000</u>	<u>150,000</u>	<u>170,000</u>	<u>719,500</u>
	375,000	539,500	700,000	780,000	880,000	3,274,500
Consultation Abroad	75,000	125,000	150,000	150,000	150,000	650,000
Translation texts, films, mono- graphs	30,000	37,500	42,500	47,500	60,000	217,000
Research support, pilot equipment, tools, materials	50,000	75,000	125,000	150,000	150,000	550,000
Administration	60,040	64,030	65,940	67,665	67,465	325,140
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	\$590,040	\$841,030	\$ 1,083,440	\$1,195,165	\$1,307,465	\$5,017,140

POLITICAL

AREA ESTIMATES OF CRIPPLED AND DISABLED

<u>Region</u>	<u>Persons of employable age</u>	<u>Children and old people</u>
Africa	2, 496, 000	3, 744, 000
South America	1, 417, 200	4, 249, 800
Asia (except U. S. S. R. and China)	10, 874, 800	16, 303, 100
Europe (except U. S. S. R.)	4, 837, 200	7, 255, 800
Oceania	166, 800	250, 200
North America (except U. S. A)	758, 800	1, 138, 200

Approved For Release 2002/08/21 : CIA-RDP80B01676R004100210007-9
 NATIONAL DEFENSE UNIVERSITY WORLD CONGRESS OF THE INTERNATIONAL
 SOCIETY FOR THE WELFARE OF CRIPPLES

	<u>Stockholm</u> 1949	<u>The Hague</u> 1953	<u>London</u> 1957
Argentina	-----X-----	-----X-----	-----X-----
Australia	-----X-----	-----X-----	-----X-----
Austria	-----X-----	-----X-----	-----X-----
Belgium	-----X-----	-----X-----	-----X-----
Brazil	-----X-----	-----X-----	-----X-----
Burma	-----	-----	-----X-----
Canada	-----X-----	-----X-----	-----X-----
Ceylon	-----	-----X-----	-----X-----
Colombia	-----	-----	-----X-----
Cuba	-----X-----	-----X-----	-----X-----
Curacao	-----	-----	-----X-----
Denmark	-----X-----	-----X-----	-----X-----
Eire	-----	-----	-----X-----
Finland	-----X-----	-----X-----	-----X-----
France	-----X-----	-----X-----	-----X-----
Germany	-----X-----	-----X-----	-----X-----
Gr. Britain	-----X-----	-----X-----	-----X-----
Greece	-----X-----	-----X-----	-----X-----
Guatemala	-----	-----	-----X-----
Haiti	-----	-----X-----	-----
Hungary	-----	-----	-----X-----
India	-----X-----	-----X-----	-----X-----
Indonesia	-----	-----	-----X-----
Iran	-----	-----X-----	-----
Israel	-----X-----	-----X-----	-----X-----
Italy	-----X-----	-----X-----	-----X-----
Kenya	-----X-----	-----	-----X-----
Korea	-----	-----X-----	-----X-----
Lebanon	-----X-----	-----X-----	-----X-----
Mexico	-----	-----X-----	-----X-----
Netherlands	-----X-----	-----X-----	-----X-----
New Zealand	-----X-----	-----X-----	-----X-----
Norway	-----X-----	-----X-----	-----X-----
Pakistan	-----	-----X-----	-----X-----
Philippines	-----	-----	-----X-----
Poland	-----	-----X-----	-----X-----
Portugal	-----	-----	-----X-----
South Africa	-----X-----	-----X-----	-----X-----
Spain	-----X-----	-----	-----X-----
Sweden	-----X-----	-----X-----	-----X-----
Switzerland	-----X-----	-----X-----	-----X-----
Surinam	-----	-----X-----	-----
Thailand	-----	-----	-----X-----
Trinidad	-----	-----	-----X-----
Turkey	-----X-----	-----X-----	-----X-----
U. S. A.	-----X-----	-----X-----	-----X-----
Venezuela	-----X-----	-----	-----X-----
Yugoslavia	-----	-----X-----	-----X-----

Composition of Soviet Specialized Personnel

	<u>1926</u>	<u>1935</u>	<u>1938</u>	<u>1952</u>
Physicians	70,000	132,000	155,000	300,000
Intermediate medical personnel	130,000	382,000	607,000	900,000

Soviet Health Graduates (1946-1950)

	<u>Planned</u>	<u>Actual</u>	<u>Annual Average</u>
Semi- professional	270,000	261,000	52,201
Professional Level (6 years after secondary school)	100,000	108,300	21,700

Total Health Labor Forces

	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>
Semi- professional	672,600	711,400	749,100	-	-
Professional (6 years after secondary school)	249,100	264,150	290,800	305,900	323,700

Soviet Medical Education - Quantity

In the National Academy of Science-National Research Council 1955 study, SOVIET PROFESSIONAL MANPOWER - its Education, Training and Supply, Dr. Nicholas De Witt of the Russian Research Center at Harvard University gives the following data for the period from 1940 through 1954. We also submit comparative data for the United States compiled from reports of the Health Resources Advisory Committee.

<u>Year</u>	<u>Estimate Soviet Physicians Trained</u>	<u>U.S. Physicians Trained</u>
1940	14,790	5,097
1941	15,045	5,275
1942	18,020	5,168
1943	7,905	5,223
1944	6,630	10,303
1945	5,780	5,136
1946	12,580	5,826
1947	15,300	6,389
1948	22,100	5,543
1949	19,890	5,094
1950	-	5,553
1951	17,000	6,135
1952	27,200 *	6,080
1953	-	6,668
1954	20,400	6,861
1955	27,000	6,800

* estimate

Relevance

So far as has been determined, physical medicine and rehabilitation have not yet received emphasis as a separate discipline in Soviet schools of medicine.

When Rahjkamari Amrit Kaur, Indian Minister of Health, was recently in New York, she was asked during a radio interview: "Have you had any offers of financial or technical aid from the Soviet Union in connection with your particular department?"

She answered: "Yes. When the Minister of Health of the Soviet Union visited India and was with us three weeks, after her return she wrote and asked me in what spheres of health programs Russia could help us. After my visit in 1953, I was very struck with what they had done in regard to pediatrics and in regard to scientific physical medicine.

"At the moment they are helping me in a small hospital for children in Delhi and I hope they will be able to help me with scientific physical medicine, too. "

When a U.S. publisher visited the Soviet Union last year, he asked Vyacheslav Yelutin, the Minister of Higher Education, about Russian policy on international exchange.

Yelutin's answer: "We are willingly going in the direction of taking more foreign students. When other governments ask us, we respond positively. "

SIGNIFICANCE

WORLD REHABILITATION FUND

DIRECTORS:

John S. Allard
Elmer H. Bobst
Donaldson Brown
Arde Bulova
Ralph K. Davies
William J. Donovan
Mrs. Bernard F. Gimbel
David M. Heyman
Paul G. Hoffman
Henry H. Kessler, M.D.
George L. Killion
Mrs. Albert Lasker
Russell V. Lee, M.D.
Charles W. Mayo, M.D.
Leonard W. Mayo
James Wesley McAfee
Norman Vincent Peale
Edgar M. Queeny
Mrs. Anna Rosenberg
Beardsley Ruml
Howard A. Rusk, M.D.
David Sarnoff
Walter Bedell Smith
Eugene J. Taylor
Arthur K. Watson

COUNSEL:

Donovan, Leisure Newton & Irvine

FISCAL AGENTS:

J. P. Morgan & Co.

AUDITORS:

Price Waterhouse & Co.

BERNARD M. BARUCH
597 MADISON AVENUE
NEW YORK 22, N.Y.

November 22, 1955.

My dear Dr. Rusk:

Answering your suggestion regarding an international organization to help the disabled of the world, anything that will spread rehabilitation or even alleviation of the disabled has had my most earnest consideration over the years.

Anything that can be worked out on an international scale should receive not alone the good wishes but the active support not only to help these people but to show the world that what we are doing or asking for ourselves, we wish to have achieved for everyone, everywhere.

Restoring disabled people - taking them from a life of idleness and despair to one of hope and usefulness - is a challenge none of us can refuse.

Sincerely yours,

A handwritten signature in dark ink, reading "Bernard M. Baruch". The signature is fluid and cursive, with the first name "Bernard" and last name "Baruch" clearly legible. The middle initial "M." is smaller and less distinct.

Dr. Howard A. Rusk,
President, World Rehabilitation Fund,
701 First Avenue,
New York 17, New York.

THE WHITE HOUSE

WASHINGTON

November 17, 1956

Dear Dr. Rusk:

I was very glad to learn of the purpose that you and your associates have set for yourselves in establishing a program for World Rehabilitation. You are performing a most humane service in providing technical assistance to other nations in their efforts to establish rehabilitation programs for their handicapped citizens.

There is a supplementary value in this work. When young physicians from overseas receive specialized training in the United States, it gives them an opportunity to become familiar with our history, government, and cultural activities. When these physicians return home, they will be trained in the latest techniques of rehabilitation and also serve as interpreters of our American way of life.

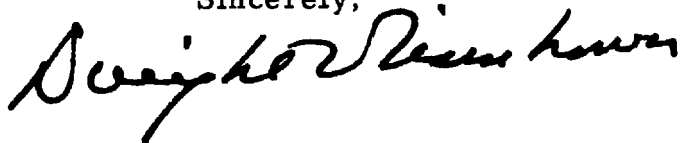
Rehabilitation of the physically handicapped is of importance to all nations. By helping other peoples to help themselves, Americans express their concern for all mankind and their belief in the worth of each individual.

In view of the responsibilities of the Department of Health, Education and Welfare, I am sending a copy of this letter to Secretary Folsom. You will undoubtedly want to coordinate your efforts also with those of various health agencies of the government and those of other organizations engaged in related activities.

I trust that your program will be eminently successful.

With warm regard,

Sincerely,



Dr. Howard A. Rusk
President
World Rehabilitation Fund, Inc.
400 East 34th Street
New York 16, N. Y.

HERBERT HOOVER

The Waldorf-Astoria Towers
New York 22, New York
September 7, 1955

Howard A. Rusk, M. D.
World Rehabilitation Fund
701 First Avenue
New York 17, New York

My dear Dr. Rusk:

There are many reasons for my deep interest in the plans we discussed recently for furthering rehabilitation services for the physically handicapped in many parts of the world through the World Rehabilitation Fund.

I have had occasions to see how individuals who have overcome disabilities have later made important contributions to mankind, possibly because they appreciated how transmittal of benefits to others is a kind of continuing trust. During my work in Europe in time of war, one of the men who gave most of himself to save people suffering famine and devastation was a talented diplomat who had been born without legs or arms. With the right kind of help he had learned to use artificial limbs, acquired a fine education, and had risen to a post of high distinction serving his country.

Perhaps the foremost necessity for the World Rehabilitation Fund can be pronounced in a single word: Peace. Any peace which is not based on a solid foundation of understanding between peoples must be recognized as a temporary, unstable truce.

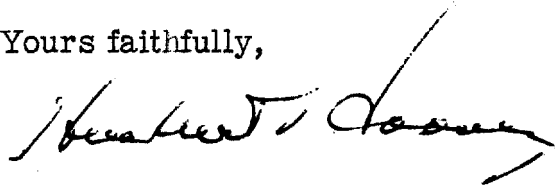
The exchange of skills and techniques this Fund will foster benefits all and penalizes none. This work can do much to advance and to mature understanding between nations. The human results, in making happier and more productive lives possible, are so readily understood they speak for themselves volumes more than learned documents or solemn treaties can possibly do.

Howard A. Rusk, M.D. -2- September 7, 1955

It is surely encouraging that American industry recognizes the potential of rehabilitation for serving our country, and that amid the confused tensions of today's world its leaders have expressed interest in supporting this significant endeavor.

I am pleased to serve as an Honorary Chairman of the World Rehabilitation Fund, and look forward to its growth and accomplishment.

Yours faithfully,

A handwritten signature in dark ink, appearing to read "Howard A. Rusk", with a long, sweeping horizontal stroke extending to the right.

HARRY S. TRUMAN
FEDERAL RESERVE BANK BUILDING
KANSAS CITY 6, MISSOURI

October 24, 1955

Dear Dr. Rusk:

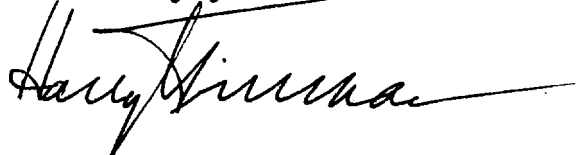
The World Rehabilitation Fund's mission to channel private American support for rehabilitation of handicapped people in other countries is a truly appropriate development at this time.

Here in the United States it was after considerable constructive work by numerous private groups, proving the practical as well as humane values of restoring the disabled to maximum independence, that forward-looking federal legislation was passed. Further provisions have since encouraged greater partnership with the States, training of personnel and building more community rehabilitation centers. We have learned that rehabilitation pays society as well as the individual who is helped to earn a new life.

When Point IV was still a new concept, we enunciated not just foreign policy through our government but also expressed in dynamic form a long-standing aspiration of the American people. I believe the Congress acted rightly in this enabling legislation that "participation of private agencies and persons shall be sought to the greatest extent possible."

The World Rehabilitation Fund can fill an enormous vacuum. Every individual and family ultimately benefited will have compelling reasons to understand America as a source of freedom from misery. I am proud to be one of the Honorary Chairmen.

Sincerely yours,



Dr. Howard A. Rusk
The New York Times
229 West 43rd Street
New York 36, New York

WORLD REHABILITATION FUND, INC.
June 15, 1957

Projects Completed

Provision of an American consultant in prosthetics for two months in Korea, Burma, Thailand, India and Jordan.

Provision of artificial limb components to the Philippines.

Provision of artificial limb components to Thailand

Shipment of periodicals and books on rehabilitation to Poland, India, France, Finland, Russia, the Philippines and Australia.

A six months scholarship for study in the United States for a physical therapist from Haiti.

A one month scholarship for study in the United States for a social worker from Greece.

A one month scholarship for study in the United States for a physician from Brazil.

Presentation of a rehabilitation demonstration before representatives of 21 nations attending International Labour Organization Conference in Havana.

Participation in Caribbean Conference on Rehabilitation in Miami Beach.

Travel and expenses for senior orthopedic surgeon from Poland to attend annual meeting of American Academy of Orthopedic Surgery and observe programs in the United States.

Provision of travel from Poland and return for two Polish physicians to attend six months graduate course in rehabilitation at Western Reserve University.

A grant to assist the International Union for Child Welfare in a self-study of its program.

A grant to aid a senior social worker from Thailand spend six months studying rehabilitation services in the United States.

A three months' scholarship for advanced study of rehabilitation in the United States for a physician from Belgium.

A grant to support the basic education services of the International Society for the Welfare of Cripples.

Projects Being Implemented

Provision of four scholarships for representatives from four Southeast Asian nations to attend a three week short course in job placement of the handicapped being held in Indonesia in September 1957.

Provision of educational materials for a ten day international course in prosthetics to be held in Denmark.

Provision of a minimum of one year's graduate training in the United States for a physician from the Philippines.

Provision of a minimum of one year's graduate training in the United States for a physician from Great Britain.

Assistance in holding a Caribbean Conference on Rehabilitation in conjunction with a Guatemalan Congress on Rehabilitation in Guatemala in November, 1957.

Provision of a three months' scholarship to study cardiovascular rehabilitation in the United States for a cardiologist from Chile recommended by Dr. James Watt.

Provision of scholarship assistance for trainees from Europe to attend an international seminar in vocational rehabilitation of the tuberculous.

Assistance in making possible a ten-months comparative study by two American experts of special education of handicapped children in Europe.

Projects Pending

Presentation of a demonstration on rehabilitation before the World Conference of the International Labour Organization in Switzerland in June, 1958.



Newsweek—Ed Wergoles

A Boy and a Miracle

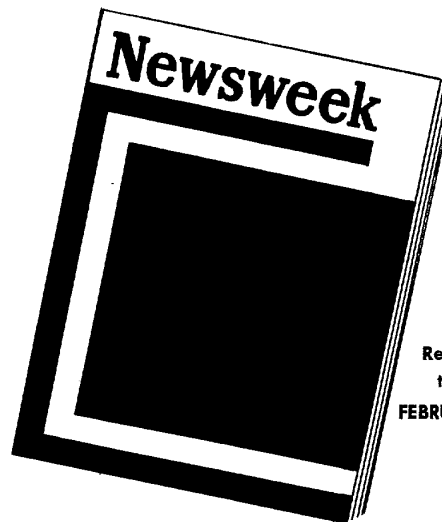
an inspirational story from

NEWSWEEK

February 21, 1955

and a message from:

Howard A. Bush



Reprinted from
the issue of
FEBRUARY 21, 1955

LETTERS

Better Than Millions

Congratulations on a brilliant piece of reporting. Am referring to your article (Feb.



Newsweek—Ed Werzelen

Good-will ambassador

21) on Juanito Yepez, the congenitally quadruple amputee from Bolivia.

... For those of us who are in and out of Central and South America we found your article on Juanito gained us more friends (and respect) than all the millions our government is pouring into these countries. We noted no sudden pro U.S.A. feeling in Brazil as a result of the \$75 million donation [given Brazil by the U.S.], but we were pleasantly surprised with the many compliments for what the U.S.A. is doing for Juanito. I do not know what your circulation is in Latin America but can tell you the people in the backwoods knew all about Juanito within 24 hours after the issue was on the streets.

You also mentioned the "Save the Children Federation" was paying his freight while in the U.S. This organization with a few thousand dollars, is gaining us thousands more friends than our State Department with their millions...

E. E. BULLER
Pastor

S/T Adrias
Tampico, Mexico

'The Right Relationship'

Words cannot begin to express my appreciation for the article you carried [on congenital amputation] in the Feb. 21 issue of NEWSWEEK about the Bolivian boy, Juan Gregoyen Yepez. Your treatment of this case was so humanitarian and brought before the people of our nation the unselfish work of doctors and hospital personnel. It did much to help establish the right relationship between the little people of the world...

CONRAD R. WILLARD
Pastor

Calvary Baptist Church
Kansas City, Mo.

Two of the many reactions from
Newsweek readers who were
inspired by Mrs. Clark's story
of hope and courage.

The New York Times
Times Square

April 4, 1955

To the Editors
NEWSWEEK MAGAZINE
42nd Street and Broadway
New York 36, New York

Gentlemen:

This is a letter of deep personal appreciation for the magnificent documentation by Mrs. Marguerite Clark of the story of Juan Yepez.

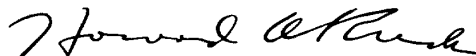
Juan is not just one little boy born without arms and legs in a far-away country. He is symbolic of the need for understanding and the recognition that arms and legs do not make a man -- spirit makes a man. Since coming to our Institute some six weeks ago, Juan now speaks English like a veteran. In fact, only last week he acted as interpreter for a wounded Columbian soldier who had just been flown in from Bogota. Juan is now walking on his new legs with special crutches which his small baby hands can fit into. Everyone at the Institute who has worked with this amazing child has come to love him, and he has had much love before he came to us, for in spite of his rejection and abandonment, he feels completely secure and is the one who cheers up the other children in the ward when they are overcome by homesickness.

Two children in the ward were talking recently about "when we go home next week" and said to Juan, "When do you go home?" He was sitting on the windowsill watching the cars on the East River Drive when asked the question and, looking far, far away, he replied, "I only go home when I walk home." As President of the International Society for the Welfare of Cripples comprising 100 organizations from 30 countries all over the world, I have seen this spirit from Korea to Poland and from Haiti to Delhi. Here in the courageous spirit of the disabled do we have a common language.

Juan Yepez is a great symbol -- a bright light in a spiritually gray world. He epitomizes spiritually even more dynamism than nuclear fission. When he "walks back" to Bolivia, he will bring with him a new concept of the dignity of the individual, for, verily, "a little child shall lead them".

I am deeply grateful to you for the deep sensitivity with which you have documented the story of a great human being.

Sincerely,



Howard A. Rusk, M. D.

MEDICINE



For Juan from Bolivia, rehabilitation's brightest hope

Newsweek—Ed Winters

A Boy and a Miracle

On a hot morning in 1951, a 5-year-old boy, born without arms or legs, was found in a trash can on a street in La Paz, Bolivia. The little *mestizo* (mixed Spanish and Indian blood) had no stumps, yet from his shoulders grew two perfectly formed hands and, from his hips, two strong feet. Taken to a home for abandoned children, he was "adopted" a year later by members of the La Paz Rotary Club and was placed in the American Hospital there. In no time, Juan Iregoyen Yepetz became the pet of the place.

A handsome, alert youngster who picked up English quickly, Juanito was well developed physically, and from the usual run of scarlet fever, whooping cough, and measles he emerged tough and strong. He learned to get from one place to another by rolling about the hospital floor like a ball of tumbleweed. He devised ways of using head, chin, and mouth to suit his extraordinary needs. With nimble fingers, he learned to feed himself. But in La Paz there was no equipment with which to rehabilitate the boy's cruel double handicap.

Last summer a young plastic surgeon from Kansas City, on a medical mission in Bolivia, encountered Juan, then 8

years old, at the American Hospital. Back in the states, the surgeon described this unusual case to Dr. Howard A. Rusk, director of the famous Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, New York. Several children's organizations became interested in the boy. An airline, Panagra, offered to fly him to New York. The Save the Children Federation volunteered to act as his guardian, in addition to contributing money for his care at the New York University-Bellevue Medical Center. Last week, his third in New York, Juan was a cynosure of American specialists' attention.

Late Care: Cases of congenital amputation—the medical name for this affliction—are not uncommon. Because of faulty genes, some 4.7 of 10,000 children are born without arms or legs or both. (Juan's mother had two brothers born without arms.) Many of these children, even quadruple amputees like Juan, have been fitted with artificial arms and legs and trained for useful lives (Newsweek, Nov. 5, 1951). Usually, however, their rehabilitation is started at a very early age, before the children are aware of their malformation. In Juan's case, training had been delayed for almost nine years; the boy's mode of living had

been conditioned by stark necessity. In the time lag, however, American doctors recognized two possible advantages: (1) Juan's mature courage and strong, well-developed body and mind, and (2) his naturally formed, though misplaced, hands and feet. Many young congenital amputees are born without any stumps at all, and fitting them with properly mechanized prostheses is a difficult task. For Juan's deformity, the experts reasoned, it might be possible to fashion special artificial arms and legs which could be worked, by remote control, from Juan's own capable hands and feet.

By last week William Tosberg, chief of the N.Y.U.-Bellevue Center's Prosthetic Technical Services, had prepared a canvas basket into which Juan's torso could be fitted. Suspended from it were two stiff wooden legs. By twisting his agile trunk, the boy could teeter from side to side, in a walking-doll movement. "This will not do," he said patiently. "I have strong feet; I must have legs that my feet will work." Juan was right. If by some skilled trick of prosthetic engineering, this can be accomplished, the boy may have self-motivated arms and legs before his rehabilitation is completed.

Big Fee: Specialists at the center marvel at the remarkable adaptation made by the boy's gravely malformed body. Neurologists, amazed at his lack of dizziness after rolling about on the floor for fifteen or twenty minutes, are conducting studies of his nervous system. Teachers are impressed by his quick grasp of facts and his unusual learning capacity. Nurses and attendants talk of his cheery disposition. However dramatically this bespoke his ability to help himself, Juan also is assured of being a big help to others.

Shortly before the boy arrived in New York, Dr. Rusk was visited by the Vice President of Bolivia, Dr. Hernán Siles Zuazo, and the consul general of that country, Dr. Alberto Arce Quiroga. After explaining the proposed program for Juan, Dr. Rusk added: "This will cost Bolivia a big fee . . . We will rehabilitate Juan. We will help educate him, and when he is able to care for himself, we will send him back to Bolivia. There you will complete his education, and help him get a suitable job. That is not all.

"In return for our care of the boy, you will establish in Bolivia a rehabilitation center where all handicapped children—those like Juan, as well as those with polio or cerebral palsy or rheumatoid arthritis—will be retrained. That you will do for Juan Iregoyen Yepetz."

The Bolivian dignitaries bowed. "You take the boy," Vice President Siles replied. "We will pay the fee."

World Rehabilitation Fund, Inc.

400 EAST 34TH STREET

NEW YORK 16, N. Y.

The New York Times

ESTABLISHED 1851 REG. U. S. PAT. OFF.

"All the News That's Fit to Print"

ADOLPH S. OCHS, Publisher 1896-1935

Published Every Day in the Year by
THE NEW YORK TIMES COMPANY

ARTHUR HAYS SULZBERGER
*Chairman of the Board
Publisher*

ORVIL E. DRYFOOS
President

AMORY H. BRADFORD
Vice President

HARDING F. BANCROFT
Secretary

FRANCIS A. COX
Treasurer

WEDNESDAY, MAY 29, 1957.

NEW FUND AIDING WORLD DISABLED

Rehabilitation Unit, Set Up
in '55, Names Hoover and
Truman Honorary Aides

Former Presidents Herbert Hoover and Harry S. Truman have been named honorary chairmen of the World Rehabilitation Fund, Inc., a relatively new organization. The aim of the group is to sponsor international projects and understanding for the physically handicapped.

Dr. Howard A. Rusk, president of the fund, said yesterday that the new enterprise hoped to rally American corporations, foundations and individuals to contribute \$1,000,000 a year for fellowships and other programs. Dr. Rusk is also associate editor of The New York Times.

Thus far, twenty have contributed \$150,000. Out of this, about a score of projects have been completed since the fund got under way without announcement in December, 1955. No general public fund-raising appeal is planned.

"So many things need to be done that Government apparatus is too big or clumsy to do," Dr. Rusk said. "There's a place for a voluntary organization. It gets an awful lot of mileage for its money."

Last November, for instance, Dr. Rusk found that some patients had languished for ten years in the overcrowded Orthopedic Hospital in Manila. They had no braces and the hospital's brace shop had no patterns or materials. Dr. Rusk was able immediately to promise shipment of used appliances. In two months, the program was under way. Cost: \$1,000.

The new fund is crossing ideological frontiers. Periodicals and books already have been delivered to the Soviet Union and Poland. Arrangements have been made for two Polish physicians to take a six-month course at Western Reserve University, while another has visited here. Four Soviet physicians are about to come here for study. Dr. Rusk has brought back Soviet publications—"pound for pound."

The fund has the endorsement of President Eisenhower. Bernard M. Baruch and Dr. Albert Schweitzer are the other honorary chairmen.

The fund's headquarters is at 400 East Thirty-fourth Street. Among the financial supporters so far have been the Albert and Mary Lasker Foundation, the Smith, Kline and French Foundation, the Mount Ararat Foundation, American President Lines, the Radio Corporation of America, the New York Times Foundation, the Monsanto Chemical Company Charitable Trust,

Lilly Endowment, Inc. and the Bulova Watch Company Foundation.

The directors include John S. Allard, Elmer H. Bobst, Donaldson Brown, Arde Bulova, Ralph K. Davies, William J. Donovan, Mrs. Bernard Gimbel, David M. Heyman, Paul G. Hoffman, Dr. Henry H. Kessler, George L. Killion, Mrs. Albert Lasker, Dr. Russell V. Lee, Dr. Charles W. Mayo, Dr. Leonard W. Mayo, James Wesley McAfee, the Rev. Norman Vincent Peale, Edgar M. Queeny, Mrs. Anna Rosenberg, Beardsley Ruml, Dr. Rusk, David Sarnoff, Walter Bedell Smith, Eugene J. Taylor and Arthur K. Watson.

Dr. Rusk said that the work so far had enabled study here for personnel from Haiti, Greece, Great Britain, Thailand, Poland, Belgium, the Philippines and Brazil; provided a consultant for Korea, Burma, Thailand, India and Jordan, and materials, publications and demonstrations in fifteen countries.

World Rehabilitation Fund, Inc.

400 EAST 34TH STREET
NEW YORK 16, N. Y.

The New York Times

ESTABLISHED 1851 REG. U. S. PAT. OFF

"All the News That's Fit to Print"

ADOLPH S. OCHS, Publisher 1896-1935

Published Every Day in the Year by
THE NEW YORK TIMES COMPANY

ARTHUR HAYS SULZBERGER
*Chairman of the Board
Publisher*

ORVIL E. DRYFOOS
President

AMORY H. BRADFORD
Vice President

HARDING F. BANCROFT
Secretary

FRANCIS A. COX
Treasurer

MONDAY, JUNE 10, 1957.

VOLUNTARY FOREIGN AID

The World Rehabilitation Fund, which was quietly established about two years ago, is doing an important job of pioneering in the field of private and strictly voluntary "foreign aid." Its purpose is to give medical and technical help for the physically handicapped or disabled. Its work in this needful area has been warmly endorsed by President Eisenhower, and former Presidents Hoover and Truman are honorary chairmen of the fund.

The fund operates in a simple, and for that reason perhaps unusual, way. There has been no fund-raising campaign and none is planned. There has been no appeal for government help. Private persons and foundations have been quietly asked if they cared to contribute. Twenty have already responded with a total of more than \$150,000. Much more can confidently be expected.

With these contributions the fund has initiated and carried out specific projects all over the world. Twenty-nine have already been completed, five more are in operation at the moment and three more are pending. These projects include the shipment of artificial limbs to areas where they are desperately needed, supplying books and periodicals (some of these have been sent to Poland and Russia as well as to many other countries), grants in aid for specific study or the actual provision of technicians, and the promotion of planned exchange of scholars and doctors.

In this last field, for example, an interesting success has been announced. The American President Lines, operating to the Far East, has just offered a fellowship that will enable a Filipino doctor to come to the United States for advanced and extended study of rehabilitation techniques. The fund also expects to provide post-graduate training for physicians from Great Britain, and it has already provided short study courses for persons from Greece, Brazil, Haiti, Thailand and Belgium.

These things add up to a rapidly expanding humanitarian service that can be of immense importance in the promotion of international goodwill and understanding. In Manila, for example, the press greeted with the greatest enthusiasm the announcement of the fellowship and rejoiced that the scientific advances that had been made in this field could be shared by the Philippines.

In no other field can "foreign aid" be a more effective instrument for good than in the field of health. It is our feeling that the share of health projects in the whole mutual security program has been considerably less than it might well have been. But World Rehabilitation is proving that a vast amount of good can be done in this field without relying upon appropriations from governments.

May 30, 1957

The APL Fellowship

A FELLOWSHIP grant that is bound to bring far-reaching benefits to this country is that recently announced by the World Rehabilitation Fund, a new international voluntary agency headed by Dr. Howard A. Rusk, the renowned rehabilitation specialist and president of the International Society for the Welfare of Cripples.

The WRF, it will be recalled, had earlier shipped a sizable volume of rehabilitation aids, like artificial limb and brace components, to the Philippines, as part of a project to assist this country in the rehabilitation of its physically handicapped. The WRF now seeks to expand its technical assistance program here by making it possible, under the so-called American President Lines fellowship, for Filipino doctors to go to the United States for advanced training in physical medicine.

The APL has made a grant to enable recipients of the fellowship to travel to the U.S. and take postgraduate studies at the famed New York University-Bel-

levue Medical Center, as well as go on study tours of other rehabilitation facilities in the U.S. Free tuition fees and maintenance for a minimum of one year's stay in the U.S. are provided for under the scholarship.

The Philippines, which has its own full share of physically disabled — mostly victims of the last war — would certainly benefit immensely from this fellowship. Doctors trained under the program could constitute the nucleus of a technical group here that eventually could man a physical rehabilitation center such as has been envisioned by Dr. Rusk himself.

Physical medicine, with its proven scientific methods of treatment, aims not only at putting the physically disabled swiftly back on their feet but also at enabling them fully to readjust themselves to their work, thereby making them assets instead of liabilities in the communities where they live. The Philippines should consider itself fortunate in having been extended the benefits of the APL fellowship.

Shipping firm offers fellowship

Extension of technical assistance in expanding and developing rehabilitation services for the physically handicapped in the Philippines was announced yesterday as one of the high priorities of a new international voluntary agency, the World Rehabilitation Fund.

In announcing the formation of this new voluntary agency to stimulate international understanding, Dr. Howard A. Rusk, the Fund's president, also announced that the American President Lines had made a grant to the Fund to make it possible for a physician from the Philippines to go to the United States for advanced training in physical medicine and rehabilitation.

The scholarship to be known as the American President Lines Fellowship will be administered through the International Society for the Welfare of Cripples and its affiliate in the Philippines, the Philippine Foundation for the Crippled.

The APL Fellowship will include round trip transportation from Manila to New York, tuition and maintenance for a minimum of one year's postgraduate study in the Department of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, New York City; and a

struck Yokonama then other big Asian ports like Hongkong, Singapore, Manila, Jakarta and Saigon before spreading into the hinterland. China, Malaya, the Philippines, Indonesia and Indo-China have all been stricken. Only Ceylon remains relatively untouched.

In mid-April about 400,000 people out of a total of 2.5 million population of Hongkong were down with the flu. Early this month 50,000 persons in Singapore were officially reported ill. In the Philippines a total of 159 patients had died and thousands stricken.

The entire Indonesian peninsula has been swept by the epidemic, with the island of Sumatra bearing the burden. Saigon and Phnom-penh have reported numerous cases but only in mild form. One fourth of Cambodia's five million population have been affected. The epidemic has shown no signs of abating.

study tour of other rehabilitation facilities in the United States.

The recipient of the fellowship will begin his training in the United States on January 1, 1958. Application blanks can be secured from Dr. Deogracias J. Tablan, Philippine Foundation for the Crippled, 1006 Isaac Peral, Manila.

Manila Chronicle
May 29, 1957

AGENCY WILL AID DISABLED IN P.I.

The World Rehabilitation Fund, a new international "voluntary agency," has announced from its New York headquarters that it would expand its technical assistance program to the rehabilitation of the physically handicapped in the Philippines.

In announcing the formation of this new voluntary agency to stimulate international understanding through sponsorship of international rehabilitation projects through the world, Dr. Howard A. Rusk, the fund's president, also announced that the American President Lines had made a grant to make it possible for a physician from the Philippines to go to the United States for advanced training in physical medicine and rehabilitation.

The scholarship to be known as the American President Lines Fellowship will be administered through the International Society for the Welfare of Cripples and its affiliate in the Philippines, The Philippine Foundation for the Crippled.

The American President Lines Fellowship will include round-trip transportation from Manila to New York on the American President Lines, tuition and maintenance for a minimum of one year's postgraduate study in the department of physical medicine and rehabilitation, New York university-Bellevue Medical center, and a study tour of other rehabilitation facilities in the United States. Mr. Ralph K. Davies, chairman of the board, and George L. Killion, president of A.P.L., are both members of the board of directors of the fund.

Preliminary selection of the recipient of the American President Lines Fellowship will be made by a committee appointed by the Philippine Foundation for the Crippled. The committee will include Health Secretary Paulino J. Garcia; Horace DeLien, chief, public health division, International Cooperation administration mission; Josefina Nava-Dizon; and Dr. Mariano Torres. Dr. Nava-Dizon and Dr. Torres had postgraduate training in the department of physical medicine and rehabilitation at York university-Bellevue Medical center.

Manila Daily Bulletin
May 29, 1957

U.S. Fellowship Available For Rehabilitation Services

Extension of technical assistance in expanding and developing rehabilitation services for the physically handicapped in the Philippines was announced Tuesday as one of the high priorities of a new international voluntary agency, the World Rehabilitation Fund.



Dr. RUSK

In announcing the formation of this new voluntary agency to stimulate international understanding through sponsorship of international rehabilitation projects through the world, Dr. Howard A. Rusk, the Fund's president, also announced that the American President Lines had made a grant to the Fund to make it possible for a physician from the Philippines to come to the United States for advanced training in physical medicine and rehabilitation.

The scholarship to be known as the American President Lines fellowship will be administered through the International Society for the Welfare of Cripples and its affiliate in the Philippines, the Philippine Foundation for the Crippled.

The American President Lines Fellowship will include round trip transportation from Manila to New York on the American President Lines, tuition and maintenance for a minimum of one year's postgraduate study in the department of physical medicine and rehabilitation, New York University-Bellevue Medical Center, New York city; and a study tour of other rehabilitation facilities in the United States. Ralph K. Davies, chairman of the board, and George L. Killion, president, American President Lines, are both members of the board of directors of the World Rehabilitation Fund.

Preliminary selection of the recipient of the American President Lines fellowship will be made by a committee appointed by the Philippine Foundation for the Crippled. The committee will include the Secretary of Health Paulino J. Garcia; Horace DeLien, M.D., chief public health division, U.S. International Cooperation Administration operations mission; Josefina Nava-Dizon, M.D., and Mariano Torres, M.D., Dr. Nava-Dizon and Dr. Torres have had postgraduate training in the department of physical medicine and rehabilitation, New York University-Bellevue Medical Center.

The recipient of the American President Lines fellowship will begin his training in the United States on Jan. 1, 1958. Application blanks can be secured from Dr. Deogracias J. Tablan, Philippine Foundation for the Crippled, 1006 Isaac Peral, Manila.

A previous project of the World Rehabilitation Fund in the Philippines was the shipment of a large number of artificial limb and brace components from the United States. Another such shipment, Dr. Rusk said, would be sent in the near future. Dr. Rusk accompanied by Mrs. Rusk visited Manila last November. Another Board member of the Fund, Dr. Henry H. Kessler, visited the Philippines in January-February, 1956, at the request of the Philippine government as consultant of the United Nations technical assistance program to make recommendations on the development of rehabilitation services for the handicapped.

Among the other projects in which the World Rehabilitation Fund has participated, Dr. Rusk announced, were: provision of artificial limb components to Thailand; assistance for study in the United States to physicians and other rehabilitation personnel from Haiti, Greece, Great Britain, Thailand, Belgium, Poland, and Brazil; provision of periodicals and books on rehabilitation to France, Poland, Russia, the Philippines and Australia; and sponsorship of rehabilitation demonstrations and conference in Cuba, Indonesia, India, Denmark, Guatemala, Switzerland, Great Britain, and the United States.

Honorary chairmen of the World Rehabilitation Fund include former United States Presidents Herbert Hoover and Harry S. Truman, Bernard M. Baruch, and Dr. Albert Schweitzer.

In expressing his hope that the Fund would be "eminently successful," President Eisenhower stated "Rehabilitation of the physically handicapped is of importance to all nations. By helping other peoples to help themselves, Americans express their concern for all mankind and their belief in the worth of each individual."

The Philippines Herald
May 29, 1957

Approved For Release 2002/08/21 : CIA-RDP80B01676R000400240007-9

The Philippines Herald

Year XXXVIII

Manila, Philippines, Friday, September 13, 1957

14 Pages — 15

P.I. Orthopedic Surgeon Awarded APL Fellowship

Dr. Enrique Mangalindan, assistant chief of the department of physical medicine and rehabilitation of the National Orthopedic hospital, was awarded yesterday the \$5,000 American President Lines' fellowship for advanced study in rehabilitation of the physically handicapped. (Photo on Page 3)

The APL fellowship was granted through the facilities of the World Rehabilitation Fund, Inc. of New York city headed by Howard A. Rusk.

The International Society for the Welfare of Cripples headed by its secretary-general, Donald V. Wilson and the Philippine Foundation for the Crippled headed by its acting president, Dr. Jose S. Santillan, will assist the World Rehabilitation Fund in administering the APL fellowship.

Dr. Mangalindan, who is now in Indonesia attending a seminar of the International Society for Welfare of Cripples, was chosen from a list of four finalists recommended by a screening committee headed by Secretary of Health Paulino Garcia.

The other three candidates were Dr. Eufrocina Vasquez Sison, resident radiologist of the Philippine General hospital, Dr. Sergio Pineda, junior resident of the National Orthopedic hospital, and Dr. Juan Fernandez, leprologist surgeon of the Tala leprosarium.

The award was made at a luncheon at the Manila Hotel given in honor of the candidates and Donald V. Wilson, secretary-general of the International Society for the Welfare of Cripples, who made a special trip to the Philippines for the occasion.

Special guests, headed by United States Ambassador Bohlen, included Dr. Arsenio Regala, representing Secretary Garcia, Dr. Deogracias J. Tablan, Dr. Josefina Nava-Dizon, Russell Swartley of Meralco, Perry Hansen of the UNICEF and William Copeland of the U.S. em-

bassy.

Hosts of the luncheon were officials of APL headed by Sam Mercer, assistant vice president of American Lines, Stanley Healey, managing director of APL Manila, and Edgar King, acting manager of passenger traffic.

In brief talks after the luncheon, Ambassador Bohlen, Wilson, Mercer, Dr. Regala and Dr. Santillan unanimously shared the belief that the rehabilitation of the physically handicapped was of great importance to all nations and that no gesture could engender greater friendship among peoples of the world than the common desire to render unselfish assistance to the disabled, irrespective of their color or creed.

The APL fellowship covers round-trip transportation from the Philippines to the United States and tuition and maintenance for not less than one year's advanced study and training at the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center.

The fellowship also provides for special experience in pediatric and geriatric rehabilitation, management of respirator patients, and a study tour of the best rehabilitation facilities in the United States.

Speaking for the World Rehabilitation Fund, Dr. Rusk said, "the APL fellowship provides a pattern which we expect and hope will be followed by many nations. There will be no general public fund raising campaign in behalf of the Fund."

Dr. Rusk further explained: "Financial support will come from corporations, foundations and individuals. We want the people of the World to see tangible evidence through work with the physically handicapped that American industry is interested in the welfare, not only of the workers who make its products and services, but those throughout the world who consume them."

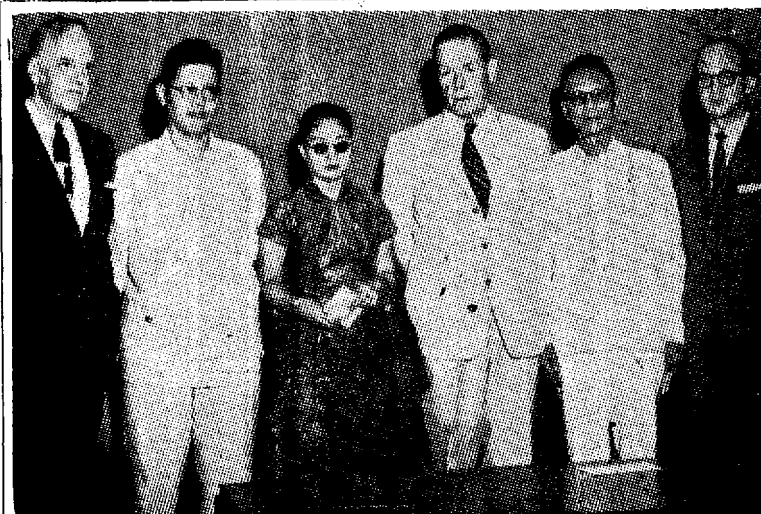
The Evening News

SATURDAY, SEPT. 14, 1957



PHOTO above was taken last Thursday at the Manila Hotel during the selection of the grantee of the American President Lines fellowship for advanced study in the rehabilitation of the physically handicapped. From left: Dr. Jose S. Santillan, Philippine Foundation for the Crippled; US Ambassador Charles E. Bohlen; and Sam N. Mercer, assistant vice president of the American President Lines.

MANILA BULLETIN, SAT., SEPT. 14, 1957

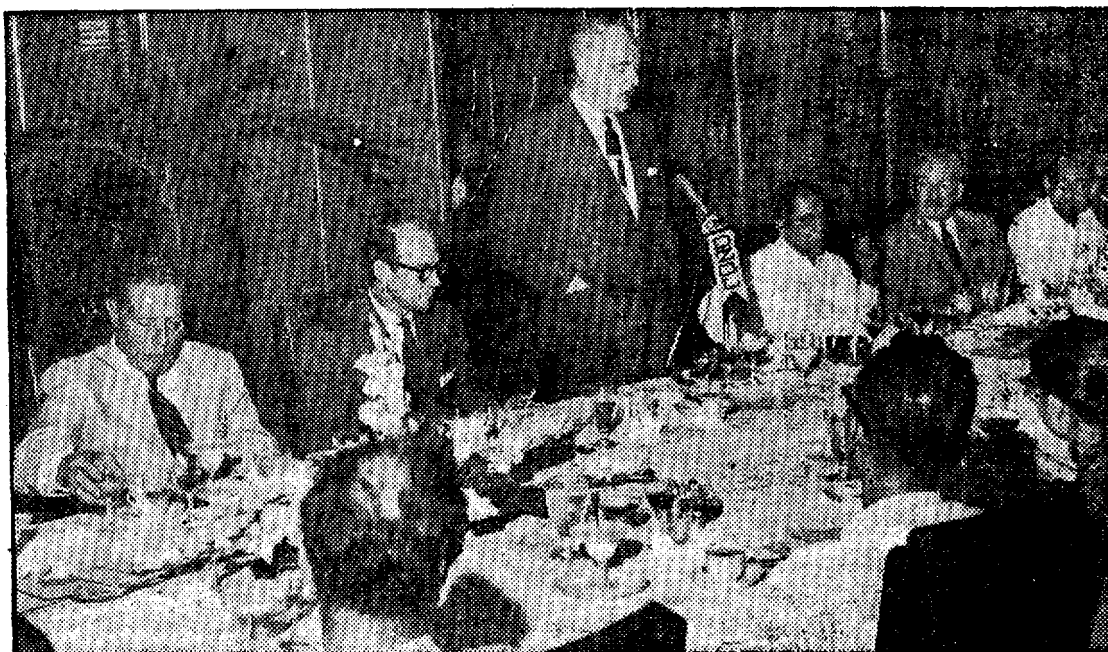


AT LINES' FETE. Photo was taken at the luncheon given at the Manila hotel by American President Lines officials in honor of the candidates for the A.P.L. fellowship in orthopedic medicine and Donald V. Wilson, secretary-general of the International Society for the Welfare of Cripples. Left to right: Mr. Wilson, who will assist in the administration of the \$5,000 award; Dr. Sergio Pineda, candidate for the award; Dr. Eufrocina Vasquez Sison, another candidate; U.S. Ambassador Charles E. Bohlen, another candidate; and Sam Mercer, A.P.L. assistant vice president.

Friday, September 13, 1957

THE PHILIPPINES HERALD

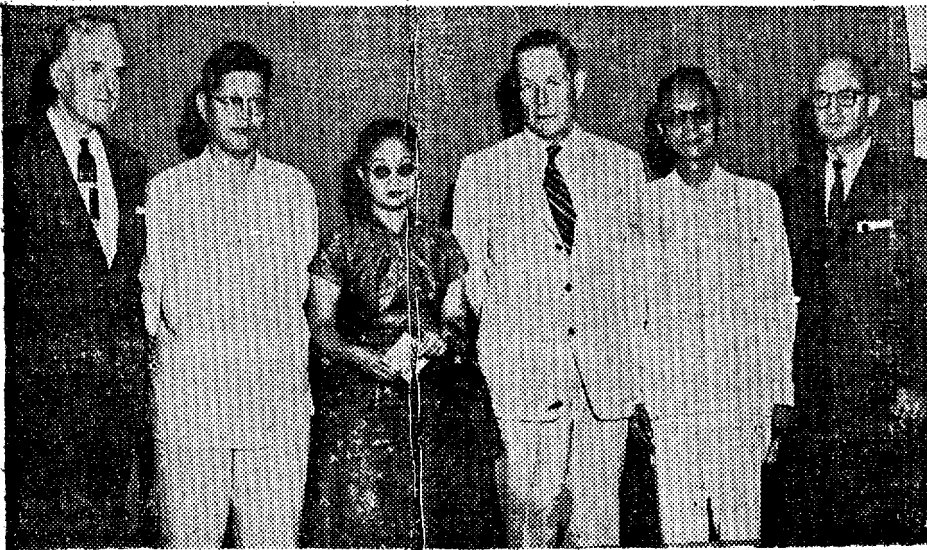
APL Fellowship In Orthopedic Medicine Awarded



DONALD V. WILSON, secretary-general of the International Society for the Welfare of Cripples, addressed yesterday's luncheon given by American President Lines officials at the Manila hotel in connection with the selection of an APL Fellowship in orthopedic medicine. Oth-

ers in photo are, from left, U.S. Ambassador Charles E. Bohlen, Sam Mercer of APL, Dr. Arsenio Regala, Stanley Healy of APL, and Dr. Deogracias J. Tablan of the Philippine Foundation for the Crippled.

At APL luncheon



SOME of the guests at a luncheon given yesterday at the Manila Hotel by American President Lines officials in honor of candidates for the APL fellowship in orthopedic medicine and Donald V. Wilson, secretary-general of the International Society for the Welfare of Cripples who, in collaboration with the Philippine Foundation for the Crippled, will assist in the administration of the \$5,000 APL Fellowship, are shown above. The APL Fellowship was awarded to Dr. Enrique Mangalindan, assistant chief of

the department of physical medicine and rehabilitation of the National Orthopedic Hospital, who incidentally is now in Indonesia attending a seminar of the International Society for the Welfare of Cripples. Among the guests were from left Donald V. Wilson, secretary-general of the I.S.W.C.; Dr. Sergio Pineda, a candidate; Dr. Eufrocina Vasquez Sison, another candidate; U.S. Ambassador Bohlen, Dr. Juan Fernandez, candidate; and Sam Mercer, assistant vice president of American President Lines.

APL \$5,000 fellowship for PI doctor awarded

Dr. Enrique Mangalindan, assistant chief of the department of physical medicine and rehabilitation of the National Orthopedic hospital was awarded yesterday the \$5,000 American President Lines fellowship for advanced study in rehabilitation of the physically handicapped.

The APL fellowship was granted through the facilities of the World Rehabilitation Fund, Inc., of New York City headed by Howard A. Rusk.

The International Society for the Welfare of Cripples headed by its secretary-general, Donald V. Wilson, and the Philippine Foundation for the Crippled headed by Dr. Jose S. Santillan, will assist the World Rehabilitation Fund in administering the APL fellowship.

Dr. Mangalindan is now in Indonesia attending a seminar of the International Society for Welfare of Cripples. He was chosen from a list of four finalists recommended by a screening committee headed by Secretary of Health Paulino Garcia.

The other three candidates were Dr. Eufrocina Vasquez Sison, resident radiologist of the Philippine General hospital; Dr. Sergio Pineda, assistant chief of the National Orthopedic

hospital; and Dr. Juan Fernandez, leprologist surgeon of the Tala Leprosarium.

The award was made at luncheon yesterday at the Manila Hotel given in honor of the candidates and Donald V. Wilson, secretary-general of the International Society for the Welfare of Cripples, who made a special trip to the Philippines for the occasion.

Special guests, headed by United States Ambassador Bohlen, included Dr. Arsenio Regala, representing Secretary Garcia, Dr. Deogracias J. Tablan, Dr. Josefina Nava-Dizon, Russell Swartley of Meralco, Perry Hansen of the UNICEF and William Copeland of the U.S. Embassy.

were APL officials includ-

ing Sam Mercer, assistant vice president of American President Lines; Stanley Healey, managing director of APL Manila; and Edgar King, acting manager of Passenger Traffic.

Ambassador Bohlen, Wilson, Mercer, Dr. Regala and Dr. Santillan unanimously shared the belief that the rehabilitation of the physically handicapped is of great importance to all nations and that no gesture could engender greater friendship among peoples of the world than the common desire to render unselfish assistance to the disabled, irrespective of their color or creed.

The APL fellowship covers round-trip transportation from the Philippines to the United States and

for not less than one year's advanced study and training at the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center.

In addition, it provides for special experience in pediatric and geriatric rehabilitation, management of respirator patients, and a study tour of the best rehabilitation facilities in the United States.

Speaking for the World Rehabilitation Fund, Dr. Rusk said, "the APL fellowship provides a pattern which we expect and hope will be followed by many nations. There will be no general public fund raising campaign in behalf of the fund," Dr. Rusk ex-

THE MANILA TIMES
Page 2 Sept. 13, 1957

PI medic gets APL fellowship

Dr. Enrique Mangalindan, assistant chief of the department of physical medicine and rehabilitation, National Orthopedic Hospital, was awarded yesterday the \$5,000 American President Lines fellowship for advanced study in rehabilitation of the Mangalindan physically handicapped.



The APL Fellowship was granted through the facilities of the World Rehabilitation Fund, Inc. of New York City headed by Howard A. Rusk.

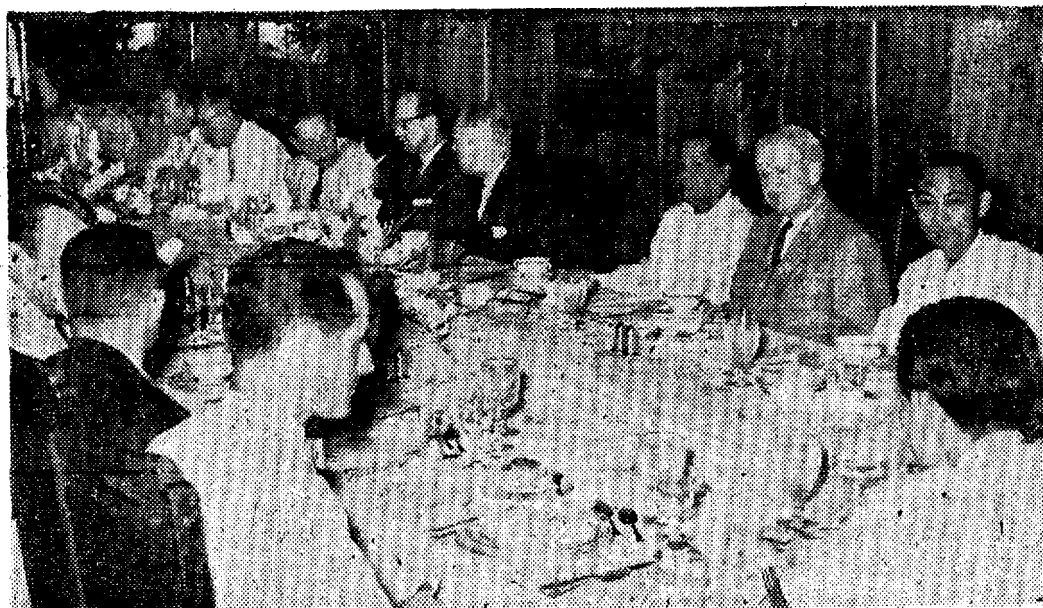
The International Society for the Welfare of Cripples, headed by its secretary-general, Donald V. Wilson, and the Philippine Foundation for the Crippled, under Dr. Jose S. Santillan, will assist the World Rehabilitation Fund in administering the APL fellowship.

Dr. Mangalindan, who is now in Indonesia attending a seminar of the International Society for Welfare of Cripples, was chosen from a list of four finalists recommended by a screening committee headed by Secretary of Health Paulino Garcia.

The other three candidates were Dra. Eufrocina Vasquez Sison, resident radiologist of the Philippine general hospital; Dr. Sergio Pineda, junior resident of the National Orthopedic hospital, and Dr. Juan Fernandez, leprologist surgeon of the Tala leprosarium.

The award was made at luncheon yesterday at the Manila Hotel given in honor of the candidates and Donald V. Wilson, who made a special trip to the Philippines for the occasion.

Special guests, headed by United States Ambassador Bohlen, included Dr. Arsenio Regala, representing Secretary Garcia, Dr. Deogracias J. Tablan, Dr. Josefina Nava-Dizon, Russell Swartley of Maralco, Perry Hansen of the UNICEF



A.P.L. LUNCHEON FOR FELLOWS—
A luncheon was given yesterday at the Manila Hotel by the American President Lines in honor of Dr. Donald Wilson, second from right, secretary general of the International Society for the Welfare of the Crippled in the United States, and Dr. Enrique Mangalindan, who will train in the Institute of

Physical Rehabilitation and Medicine in New York on an APL fellowship. Also present were US Ambassador Charles Bohlen, Dr. Deogracias Tablan, Dr. Arsenio Regala, Sam Mercer and Dr. Jose Santillan. Dr. Mangalindan is now in Indonesia attending a medical seminar. (Story on last page)

THE DAILY MIRROR, FRIDAY, SEPT. 13, 1957

NOH Medic Wins APL Award For U.S. Study

Dr. Enrique Mangalindan, assistant chief of the department of physical medicine and rehabilitation of the National Orthopedic Hospital, was awarded the \$5000 American President Lines Fellowship for advanced study in rehabilitation of the physically handicapped. The APL Fellowship was granted through the facilities of the World Rehabilitation Fund, Inc. of New York City headed by Howard A. Rusk.

The International Society for the Welfare of Cripples headed by its secretary-general, Donald V. Wilson, and the Philippine Foundation for the Crippled, headed by its acting president, Dr. Jose S. Santillan, will assist the World Rehabilitation Fund in administering the APL Fellowship.

Dr. Mangalindan, who is now in Indonesia attending a seminar of the International Society for Welfare of Cripples, was chosen from a list of four finalists recommended

by a screening committee headed by Health Secretary Paulino Garcia. The other three candidates were Dr. Eufrocina Vasquez Sison, resident radiologist of the Philippine General Hospital, Dr. Sergio Pineda, junior resident of the National Orthopedic Hospital, and Dr. Juan Fernandez, leprologist surgeon of the Tala Leprosarium.

The award was made at luncheon yesterday at the Manila Hotel given in honor of the candidates and Wilson who made a special trip to the Philippines for the occasion.

The APL Fellowship covers round-trip transportation from the Philippines to the United States and tuition and maintenance for not less than one year's advanced study and training at the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center. In addition, it provides for special experience in pediatric and geriatric rehabilitation, management of respirator patients, and a study tour of the best rehabilitation facilities in the United States.

APL Names Group To Screen Applicants For Fellowship

Selection of a Committee of prominent Philippine physicians, headed by Dr. Paulino Garcia, secretary of health of the Republic of the Philippines, to screen applicants for a \$5,000 American President Lines Fellowship in orthopedic medicine, has been announced by President George Killion of American President Lines.

The APL Fellowship will bring a qualified Philippine physician to the United States for advanced study in rehabilitation of the physically handicapped. It was granted through the facilities of the World Rehabilitation Fund, Inc., of New York City and is the first of a series of international scholarships being arranged by that organization.

As a corporation providing shipping services to 20 nations

of the world and with shippers and travelers from virtually every nation in the world, American President Lines seeks regularly to support sound and progressive economic and social programs by which the United States can assist other nations, Mr. Killion said.

The World Rehabilitation Fund, which is the medium for the present APL program of medical assistance to the Philippines, is headed by Dr. Howard A. Rusk, Chairman of the Department of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center, New York City, and an editor of the New York Times. The Fund was set up to expedite independent self assistance in the less developed areas of the world and thereby to make a U.S. con-

tribution to the welfare of disabled persons, no matter where located.

Ralph K. Davies, board chairman of APL, and Killion both serve on the Board of Directors of the World Rehabilitation Fund. Honorary Chairmen include former Presidents Herbert Hoover and Harry S. Truman, Bernard M. Baruch and Dr. Albert Schweitzer.

The Philippine Foundation for the Crippled and the International Society for the Welfare of Cripples will assist the World Rehabilitation Fund in administering the APL Fellowship.

The APL Fellowship covers round-trip transportation from the Philippines to the United States and tuition and maintenance for not less than one year's advanced study and training at the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center. In addition, it provide for special experience in pediatric and geriatric rehabilitation, management of respirator patients and a study tour of the best rehabilitation facilities in the United States.

To be eligible for the Fellowship, candidates must hold a degree in medicine from a recognized medical school, have had at least one year's internship or its equivalent, and possess a working knowledge of English, both general and medical. The Fellowship may be awarded to a physician without prior specialty training or to a recognized specialists in internal medicine, orthopedic surgery, neurology or public health, who wishes to increase his knowledge of physical medicine and rehabilitation and explore the relationship of his field to his primary specialty.

Speaking for the World Rehabilitation Fund, Dr. Rusk said, "The APL Fellowship provides a pattern which we expect and hope will be followed by many nations. In the field of foreign trade, no gesture could engender greater friendship than an unselfish assistance for the disabled people of foreign nations."

Besides Dr. Garcia the committee is composed of D. Horace De Lien, public health division chief, ICA-Manila; Dr. Josefina Nava-Dizon; and Dr. Mariano Torres.

SEP 2 1957

Report of The President to the Board of Directors of the

WORLD REHABILITATION FUND

The fiscal year ending June 30, 1957, was the first full year of operation for the World Rehabilitation Fund. During the year, your offices and executive committee remained unchanged. We were fortunate in that Mr. Arthur K. Watson, Dr. Henry H. Kessler, Dr. Russell V. Lee and Mr. John S. Allard accepted our invitations to become members of the Board of Directors. It was with regret that we accepted the resignation from the Board of Mr. J. D. Zellerbach which was prompted by Mr. Zellerbach's appointment as the American Ambassador to Italy.

During the year your President had the opportunity for first-hand observations of rehabilitation needs and services in Switzerland, Denmark, Finland, the Soviet Union, Australia, the Philippines, Korea, Ireland, France, Poland and Great Britain. He also had the opportunity of discussing international rehabilitation needs and services with officials of the United Nations, International Labour Organization, and World Health Organization; many international voluntary and professional organizations; and officials of the government of the United States. These observations and discussions convinced him even more of the unique contribution which international rehabilitation services have in making American concepts of democracy more fully understood by the people of the world. There are many incidences which stand out vividly illustrating this point.

The first of these was in the Philippines, which Mrs. Rusk and the President visited in November. In one of the wards of a large hospital there, he saw 100 men with broken backs who had been hospitalized for years. This hospital had the services of an able young physician who had been trained in the United States. The one thing standing between lives of dependency and self-sufficiency for these 100 men was the lack of braces. The President informed the hospital staff that the World Rehabilitation Fund would see that sufficient brace components were sent immediately from the United States to make it possible for these 100 men to walk again. There was no press conference, no public announcement, but the next day word of what the Fund had promised went around like wildfire. All of the newspapers carried front-page articles on this contribution of American industry and two carried front-page editorials. The late President Magsaysay then sent word asking the President to have dinner with him so he could thank him personally.

Upon his return to New York, his associates and the President secured enough used brace components to meet the needs of these 100 men and they were shipped to Manila at a cost of less than one thousand dollars. Later a shipment at the same cost was made of new brace and artificial limb parts.

- 2 -

Although the actual expenditures during the past fiscal year were not large, you can see from the attached statement of "Projects Completed" that a tremendous amount was accomplished at a very small cost.

It became increasingly evident to your Executive Committee in the early fall of 1956, that the Fund's fund-raising program could be implemented successfully only by individual discussions regarding the Fund's program by your officers with corporation executives. This is a slow process, but it is the only one which the President believes can and will bring results. He has accordingly arranged his own schedule so that he may hold one or two conferences each week on behalf of the Fund.

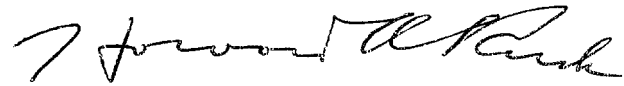
During the fiscal year ending June 30, 1957, the Fund received contributions of \$87,041.36, had an excess of income over expenditures of \$29,729.07, and ended the fiscal year with a cash balance of \$55,563.26. Attached is a Functional Statement of Expenditures. Reflected in the \$11,252 expended on Administration and Fund-Raising is a non-recurring expenditure of \$2,865. Currently the Fund's paid employees consist of a multilingual secretary-bookkeeper and the services of Mr. Eugene J. Taylor as Secretary-Treasurer on a part-time basis. The Albert and Mary Lasker Foundation has made a grant of \$6,000 to the Fund to pay the full salary and expenses of Mr. Taylor. The Fund incurs no expenses for office rent, electricity, telephone or similar costs. Based on current experience, we anticipate the total fund-raising and administration costs of the Fund will be approximately \$6,000 per year exclusive of the services and expenses of Mr. Taylor which are provided through a grant from the Albert and Mary Lasker Foundation.

The good which the World Rehabilitation Fund can and is doing is exemplified by our activities in Poland. Mrs. Rusk and the President visited Poland in 1949 on behalf of the United Nations to help Poland plan its national rehabilitation services. They returned again this past year. There has been a complete change in the attitudes of the Poles whom they met. They are avid to have professional contacts with the West. The Fund is helping to make that possible. We provided a travel grant to bring one of Poland's leading orthopedic surgeons to the United States to speak at the American Congress of Orthopedic Surgery. The Fund provided transportation for two young Polish physicians to take a six month's course in rehabilitation at Western Reserve University in Cleveland after which they will spend two months in New York. We have provided text and reference books and periodicals for the new school of physical therapy in Warsaw.

Three delegates from Poland attended the Seventh World Congress of the International Society for the Welfare of Cripples where they spoke on the program and presented a film and an exhibit. Last year Poland formed the first voluntary organization to exist there since World War II in order that it might become an affiliate of the International Society.

- 3 -

To your President these are matters of real significance to which the World Rehabilitation Fund is making a fundamental contribution not only to rehabilitation but to international understanding. We hope this program of service will be greatly augmented in the coming year.

A handwritten signature in dark ink, appearing to read "Howard A. Rusk". The signature is fluid and cursive, with a large initial "H" and a stylized "R".

Howard A. Rusk, M. D.
President

Functional Statement of Expenditures

July 1, 1956 - June 30, 1957

Contributions Received		\$87,041. -
Grants to other organizations to support informational and consultation services, international seminars, etc.	31%	27,593. -
Twelve short-term and partial scholarships for study in the U.S. of rehabilitation personnel from Poland, Thailand, Haiti, Colombia, Brazil, Ireland, Belgium, the Philippines and Turkey	7%	5,887. -
Shipments of text and reference books, periodicals and brace and prosthetic parts and materials to other nations	3%	2,799. -
Professional consultation services to governments and voluntary agencies in Ireland, Great Britain, France, Switzerland, Poland, Russia, Finland, the Philippines, Korea, Australia, Denmark and Mexico; conferences with International Labour Organization and World Health Organization; and representation at the 7th World Congress, International Society for the Welfare of Cripples, London; Fourth International Poliomyelitis Congress, Geneva; Second International Congress of Physical Medicine, Copenhagen; First National Rehabilitation Congress, Mexico; and Caribbean Rehabilitation Conference, Miami Beach	12%	10,231. -
Excess of income over expenditures	34%	29,729. -
Administration and fund-raising *	13%	11,252. -

* It should be noted that this item included non-recurring expenditures for permanent equipment and that the Fund received a specific grant of \$6,000 for the purpose of paying the major portion of its administrative expenses. When these items are considered the administrative and fund-raising costs are subtracted (8,387), the costs were \$2,865 or approximately 3% of its income.